Kaiser Foundation Hospital – Southern California Region

2017 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

IRVINE

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

KAISER PERMANENTE®
in the community

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INTRODUCTION

This is the twenty-second *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 2018* 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 2017, the 36 hospitals undertook activities and projects to address selected priority needs identified in 2016 in their respective communities. This report documents the results of these efforts. The process of producing the KFH *Consolidated Community Benefit Plan 2018* 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 2017 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 hospital service area maps based on data obtained from various Kaiser Permanente departments, including Planning and Analysis, Human Resources, and Management Information and Analysis
- 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 2018* 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 2017

- Statewide and individual hospital Community Benefit provided by KFH in 2017, including descriptions of related activities and programs, as well as financial information based on the SB 697 reporting categories (Tables A and B).

CHAPTER IV: 2017–2019 COMMUNITY BENEFIT PLANS AND 2017 YEAR-END RESULTS

- The introduction includes a brief overview of what is contained in the year-end reports and plan updates.
- There is a section for each of the 36 hospitals, in alphabetical order.
- Each hospital section includes a list of selected demographic and socioeconomic statistics about the area served, a few key hospital facts, a list of the hospital's leaders, a service area map, a list of cities and communities served, a link to the 2016 Community Health Needs Assessment (CHNA) on the Kaiser Permanente Share Sitewebsite (www.kp.org/chna) and a description of the 2017–2019 Community Benefit Plan, along with 2017 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 2017 (Table 2).

CHAPTER I: HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

HISTORY AND ORGANIZATIONAL STRUCTURE OF KAISER PERMANENTE

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprising Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. It serves more than 11.7 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

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 2017 KFHP/H leadership team in Northern California includes *Janet A. Liang*, President; *Peter S. Andrade*, Senior Vice President, California Sales & Account Management; *Robin Kay Betts*, Vice President, Quality and Regulatory Services; *CJ Bhalla*, Chief Financial Officer and Senior Vice President, Finance; *Theresa M. Broderick*, Vice President, Clinical Integration and Regional Chief Nursing Executive; *Nancy Cartwright*, Vice President, NCAL Communications; *Debora Catsavas*, Senior Vice President, Human Resources; *Tom Hanenburg*, Senior Vice President, Hospital & Health Plan Operations; *Kevin Hart*, Senior Vice President, Strategy, Capital Planning & Portfolio Management-NCAL Region and Vice President & Information Officer, NCAL Care Delivery Technology Services; *Diane Ott*, Vice President, NCAL Compliance, Ethics & Integrity Officer; *Yvette Radford*, Vice President, External and Community Affairs; *Christine Robisch*, Senior Vice President and Chief Administrative Officer; and *Philip B. Young*, Vice President and Regional Counsel.

The 2017 KFHP/H leadership team in Southern California includes *Julie Miller-Phipps*, President, Kaiser Foundation Health Plans and Hospitals Southern California Region; *Wade Overgaard*, Senior Vice President, California Health Plan Operations; *William Caswell*, Senior Vice President Operations, Chief Operating Officer, Southern California Region; *Jim Crawford*, Vice President & Business Information Officer, KFHP/H, Southern California Region; *George Di Salvo*, Senior Vice President & Chief Financial Officer, KFHP/H, Southern California Region; *Diana Halper*, Vice President, Integrated Brand Communications, KFHP/H, Southern California Region; *Sima Hartounian*, Vice President & Regional Compliance Officer, KFHP/H, Southern California Region; *Gerald McCall*, Senior Vice President & Chief Operating Officer, KFHP/H, Southern California Region; *Arlene Peasnall*, Senior Vice President, Human Resources, KFHP/H, Southern California & Hawaii Regions; *Jerry Spicer*, Vice President, Regional Patient Care Services, KFHP/H, Southern California & Hawaii Regions; *Kati Traunweiser*, Vice President, Quality & Regulatory Services, KFHP/H, Southern California Region; *John M. Yamamoto*, Vice President, Community Health & Government Relations, KFHP/H, Southern California Region.

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

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

KFH owns and operates 36 hospitals in California: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego (two KFH medical centers), San Francisco, San Jose, San Leandro, 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 461 medical offices where members receive outpatient health care. Each Kaiser Permanente medical office building is affiliated with a KFH hospital.

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

For more than 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. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—health access, healthy communities, and health knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted community health needs assessments (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.

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 2017

This chapter includes descriptions of all Community Benefit programs and services provided by Kaiser Permanente in 2017. 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 aligns with and is reported under the most appropriate SB 697 category:

- 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 36 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 professional 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 2017, KFH in California provided a total of $1,089,531,586 in Community Benefit, 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 23), most of these funds were used to subsidize inpatient medical care services for vulnerable populations ($860,052,639) and for health research, education, and training programs ($125,639,229). KFH also expended $86,907,850 on other benefits for vulnerable populations and $16,931,869 on projects benefiting the broader community.

BENEFITS BY HOSPITAL SERVICE AREA

Table B shows total Community Benefit contributions made in 2017 by the 36 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.

DESCRIPTIONS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

The 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 2016.

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 2017, KFH spent a total of $613,861,844 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:*** In California, KFHP serves as a fully delegated managed care plan provider for Medi-Cal managed care members through contracts with local Medi-Cal health plans (including local initiative health plans and county-organized health systems). KFH also holds direct Medi-Cal contracts with the CA Department of Health Care Services for Sacramento and San Diego Counties (both are geographic managed care counties). In Northern California, KFH holds Medi-Cal contracts with Alameda Alliance for Health, Contra Costa Health Plan, San Francisco Health Plan, Santa Clara Family Health Plan, Partnership Health Plan of CA, Health Plan of San Mateo, and the Health Plan of San Joaquin. In Southern California, KFHP holds Medi-Cal contracts with LA Care Health Plan, CalOptima, Inland Empire Health Plan, Gold Coast Health Plan, and Kern Health Systems. In 2017, KFHP/H provided comprehensive inpatient and outpatient care to approximately 699,138 Medi-Cal managed care members.
- ***Medi-Cal Fee-For-Service:*** KFH provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services usually is significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

CHARITABLE HEALTH COVERAGE PROGRAMS

Through Kaiser Permanente's Charitable Health Coverage Programs, approximately 18,597 low-income adults and children, who are ineligible for other public or private health insurance, receive subsidized coverage from Kaiser Permanente each year.

In addition, Kaiser Permanente Northern California Region provided health coverage to 688 members of Healthy San Francisco, operated by the San Francisco Department of Public Health (SFDPH) to provide health care services to uninsured San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions. The 2017 Healthy San Francisco Medical Home Network consisted of SFDPH and San Francisco Community Clinic Consortium clinics, private physician groups, and other providers, including Kaiser Permanente.

MEDICAL FINANCIAL ASSISTANCE

Improving health care access for those with limited incomes and resources is fundamental to Kaiser Permanente. The Medical Financial Assistance (MFA) program 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 2017, KFH contributed $156,557,719 to help patients with limited or no resources pay for care provided in KFH facilities.

GRANTS AND DONATIONS FOR MEDICAL CARE SERVICES

KFH donated $89,633,076 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 2017, KFH donated $86,907,850 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) was established in 1993 to address the educational disparities existing in the East San Gabriel area. Under the umbrella of the larger organization, Watts Counseling and Learning Center, EOP began with a small staff to emulate the very successful programs that exposed high students to health careers and after-school homework assistance programs that enabled student to improve their academic performance and consider professional opportunities. EOP also developed its' own signature programs addressing the immediate needs of the community as they relate to academic enhancement, mental health and leadership development. Multi-dimensional interventions strategies and services focus on addressing the issue at hand and the underlining issues having an impact. Educational Outreach Program has several programs that families and their children can participate in throughout the year. The program and activities components improve school performance; 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 that they can address issues having an impact on their community; and increase awareness of professional opportunities in the health field for youth. In 2017, EOP provided services to a total of 1,086 individuals.

KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to 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 at 4 KP locations (for children whose siblings or parents have cancer), pre-employment training for high school youth, educational coaching and college test preparation for high school students, homework and math tutoring, and training for graduate social work and educational therapy interns from local universities. Kaiser Permanente Health Plan membership is not required to receive these services. All services are offered in both English and Spanish. In 2017, WCLC provided services to a total of 844 individuals

YOUTH EMPLOYMENT PROGRAMS

In Northern California Region, KFH participates in two programs that benefit disadvantaged youth—KP LAUNCH (Learn About Unlimited New Careers in Healthcare) for high school students and KP LAUNCH for college students. These programs offer employment, mentoring, and training opportunities, as well as potential full-time employment upon completion. In 2017, 263 young people were employed through them.

- ***Kaiser Permanente LAUNCH High School Program:*** This program 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, high school 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 LAUNCH College Internship Program:*** Since 1987, Kaiser Permanente has worked with external program partners, including INROADS, Health Career Connection, SAGE Scholars at UC Berkeley, and Northeastern University to offer this unique program designed to provide students with practical experience in the health care field and to offer successful participants exciting career opportunities in the healthcare careers. 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's LAUNCH College Internship Program, we are making a solid investment in developing health care leaders capable of guiding us into the future. Kaiser Permanente LAUNCH 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.

In Southern California Region, youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve at a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce. The key programs include:

- ***KP L.A.U.N.C.H. Summer Youth Employment Program*** provides underserved and at-risk high school students with supportive and meaningful paid employment experiences in the health care field. Young people are employed during the summer months throughout the organization. In addition to their work assignments, the youth participate in educational sessions and motivational workshops that introduce students to pursuing a career in health care in addition to enhancing their job skills and work performance. Incorporated into the program are activities and tools to promote healthy eating and physical activity that many of the students share with family, and their friends at school. Many former Summer Youth students are now employed by the organization as nurses, department administrators, lawyers, lab technicians, opticians, and engineers. In 2017, 326 underserved high school students participated in a six- to eight-week Summer Employment Program at one of our 12 KP medical centers/sites.
- ***KP INROADS College Internship Program*** is focused on developing underrepresented college students for leadership roles in business and in the community. Student interns typically work two to five summers in administration or in health care administration positions at Kaiser Permanente with the goal of placement upon graduation from college, or continued education in a health care field. This developmental program enhances the diversity of our health care workforce so that it is truly representative of the communities we serve. In 2017, 28 interns participated in the program.

- ***Health Career Connection (HCC)*** was developed to connect undergraduate students with the information, experiences and support they need to discover and make well-informed choices about health care and public health career options. HCC was created by a group of health care executives who are committed to attracting and assisting young people to pursue health care careers. Interns are placed in departments specific to their health care career choice with most continuing on to pursue higher education degrees in public health administration fields. In 2017, 31 interns participated in the program.
- ***KP SCAL Internship Program:*** In 2012, KP branched out to pilot an internal program to recruit local undergraduate college students seeking experience in health care fields. The goal being to develop a future workforce for health care fields needing diverse backgrounds. The Apothecary Circle Program (ACP), a pharmacy pipeline program designed for undergraduate pharmacy bound interns, is housed under this Internship Program. In 2017, 14 interns participated in the internship program.

GRANTS AND DONATIONS FOR COMMUNITY-BASED PROGRAMS

KFH donated $60,919,400 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 2017, KFH spent $16,931,869 on programs and services to benefit the broader community. This includes health education and community wellness programs, Educational Theatre, donations of surplus equipment and supplies, facility use, and grants and donations.

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.

KAISER PERMANENTE EDUCATIONAL THEATRE (KPET)

For 31 years, KPET has been using 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 professional 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. KPET is provided 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. We design all materials to reinforce the messages presented in our programs.

KPET – Northern California Region

In 2017, KPET offered the following programs for elementary school students: *The Best Me,* to encourage healthy eating and an active lifestyle, and *Peace Signs,* a conflict resolution, violence prevention, and anti-bullying program. For middle school students KPET provided *Nightmare on Puberty St.,* a humorous yet serious presentation about the joys and angst of adolescence. For high school students, KPET offered the Resilience Squad to facilitate a series of four workshops promoting social and emotional health and wellness. KPET also provided technical expertise, supported health fairs with staff and equipment, and hosted meetings for CBOs and Kaiser Permanente departments. In 2017, KPET served 168,088 children and adults through 1,123 points of service, which ranged from school performances and workshops to community presentations and trainings.

Over the years KPET has supported a variety of workforce development events and projects. New in 2017, in collaboration with KP LAUNCH and the Regional Mental Health Training Program, we provided 120 KP LAUNCH interns with Resilience Squad workshops and a 90-minute workshop on the medical aspects of the social and emotional wellness issues addressed in the Resilience Squad workshops. As in past years, we continued to host key KP LAUNCH events in the KPET space.

Also new in 2017, KPET created and provided custom workshops for two career awareness days for Pinole Middle School students at the KFH-Pinole medical office building. The career days were provided in partnership with Contra Costa Community College Vocational Department, KP Public Affairs East Bay Richmond, and KP Pinole.

In 2017, KPET supported Kaiser Permanente's fourth Youth Career Day (YCD) at the Garfield Innovation Center to give young people from Bay Area high schools a glimpse of job opportunities in health care using real-life simulations and exercises. With guidance from KP health professionals, KPET developed the script for the mental health and wellness scenario, with the goal of addressing adolescent depression and reducing the stigma of receiving mental health services. KPET also provided a performer/educator to facilitate and perform in the interactive scenario, which included a Q&A session for participants.

In 2017, KPET repeated our participation in the Oakland Unified School District Linked Learning Office Youth Career Expo at the Oakland City Center Marriott. KPET staff interacted with 300 students from OUSD high schools at our info table, which provided a trivia wheel and giveaways to share information around best practices when applying for jobs, internships, and post-secondary education.

KPET – Southern California Region

In 2017, Educational Theatre reached 233,543 children and adults with 1,629 performances, workshops, outreach efforts, brief educational interactions and other presentation across 549 schools in Southern California. Eighty-nine percent (89%) of all of our programs were provided to underrepresented communities, as determined by Free and Reduced Price Meal (FRPM), school demographic and test score information. The repertoire for Educational Theatre includes the following:

- The **Literacy Promotion Program** (grades K-2) is a multifaceted offering that includes the play, *Jay and E and the ZigZag Sea,* and a student workshop, where the actor-educators engage students in a Language Experience Approach (LEA) based activity. The program is designed to inspire and encourage students to read. Key concepts include: sounding out words one letter at a time, thinking of reading as an adventure, and creating confidence by confronting fears. In addition, there is a presentation for adults entitled *World of Words*. Through this program, parents and families are encouraged to create a print-rich environment in their home, read to their child twenty minutes every day, and play games to promote literacy.
- The **Conflict Management Program** (grades 3-5) is a multifaceted offering that includes the play, *It's Stop Time*, and a student workshop. The program is designed to complement conflict resolution and violence prevention efforts in schools and community locations. Key concepts include: the three steps to managing conflict, practicing empathy, and expressing feelings in a positive way. In addition, there is a presentation for adults entitled *One Minute*. Through this stress management program, parents and families are introduced to the science behind stress, techniques for managing stress, and the steps to managing conflict.
- The **Healthy Eating Active Living Program** (grades 4-5) is a multifaceted offering that includes the play, *The Amazing Food Detective: Game On*, and two supporting student workshops. The program is designed to make healthy food and activity choices easier for students. Key concepts include: the benefits of choosing fruits and vegetables as healthy snacks, the importance of active play, how to read a nutrition facts label, and the power of media advertising. In addition, there is a presentation for adults entitled *From the Label to the Table*. Through this program, parents and families are introduced to the concepts their students learned and are encouraged to make changes at home to become healthier families.
- The **Adolescent Bullying Awareness Program** (grades 6-8) consists of the play, *Someone Like Me*. The program is meant to be a springboard for discussions between students and teachers, parents, and trusted adults. Key concepts include: rumors and gossip are a form of bullying, communicating with trusted adults is important, and help is always available. At the end of each performance, the actor-educators are available to the students for one-on-one questions and conversations, and are trained to bridge students to school personnel when necessary.
- The **STD Prevention Program** (grades 9-12) consists of the play, *What Goes Around*. The program provides information about HIV/AIDS and sexually transmitted diseases (STDs), and gives insight into the lasting impact one person's choice can make on the lives and health of many. Key concepts include: abstinence is the only risk-free option, and the importance of testing and prevention, including a condom demonstration. At the end of each performance, the actor-educators facilitate a question and answer session.
- **CareActors** This troupe of culturally and age-diverse professional actors provides icebreakers, patient stimulations, improvised role-plays, scripted scenarios, full-length theatrical productions, and video production collaborations for Kaiser Permanente conferences and continuing education programs, to dramatize critical learning points and stimulate discussion. This year, CareActors had 262 performances and served 5,953 audience members.

GRANTS AND DONATIONS FOR THE BROADER COMMUNITY

KFH donated $8,907,453 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 2017, KFH spent $125,639,229 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 2017, KFH contributed $76,800,701 to educate more than 3,005 interns and residents in California. The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. In addition to being excellent clinicians, residents trained in our setting are able to utilize technology in providing evidence-based, patient-centered care in a team-based model, employing population management strategies, cultural sensitivity, as well as training in effective communication and leadership skills. 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, managed by the SCR Residency Program, provides 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, MD Scholarship program is dedicated to the promotion and advancement of culturally responsive care by recognizing medical students who have contributed to this arena through participating, development, leadership and research. The scholarship honors medical/osteopathic students entering their third or fourth year of medical school who intent to practice in Southern California. The scholarship supports ongoing education for medical students while providing them with opportunities for clinical experience at Kaiser Permanente facilities and mentoring with SCPMG physicians. In 2017, a total of $55,000 was awarded to 11 recipients.

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 2017, there were 64 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. Fourteen students participated in the program in 2017.

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 2017, 344 students participated in the program.

BOARD OF REGISTERED NURSES WORK STUDY AND CLINICAL TEACHING ASSISTANT (CTA) PROGRAMS

Kaiser Permanente's Northern California Region and five universities partner to conduct an innovative nursing student work-study internship program that addresses the education-to-practice gap for senior level baccalaureate nursing students. Program costs, including the nursing student intern's salaries, are covered by Kaiser Permanente Community Benefit.

The transition from student to professional registered nurse (RN) is difficult. New graduate nurses report feeling overwhelmed and unprepared for the realities of clinical practice. This adversely impacts patient safety, recruitment, job satisfaction, and retention upon entering the workforce.

The Nursing Student Work-Study Internship Program provides pre-licensure nursing students with a paid internship in the health system. Interns are exposed to the realities of clinical practice and master learned skills while working under the supervision of a registered nurse.

- internship conducted during students' summer break when they are not distracted by other course work
- sanctioned by California Board of Registered Nursing and structured as a clinical practicum course
- nursing student interns selected by university faculty, based on academic excellence and diversity
- selected students screened and hired into positions at a Kaiser Permanente Medical Centers

- nursing student interns work on clinical, quality and risk, education, and infection prevention teams
- intern salaries are paid using Community Benefit funds

KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM

The Deloras Jones Scholarship recognizes outstanding academic achievement and promotes diversity among ADN, BSN, master's, and doctoral students. The scholarship was established in 2000 following the retirement of Deloras Jones, who spent her 35+ year career at Kaiser Permanente, starting as a student at the Kaiser Foundation School of Nursing in the 1960s and retiring as Senior Nurse Executive for Northern and Southern California regions. The fund acknowledges the commitment and contributions Jones made to nursing education and excellence in nursing practice. The scholarships encourage and support recipients to become registered nurses or to pursue advanced nursing degrees, 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 2017, 206 scholarships totaling $409,000 were awarded.

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. Programs are administered regionally and some offer students a small monthly stipend.

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES – (KPSAHS)

Located in Richmond, California, KPSAHS began as a radiology program in 1989 in response to a severe shortage of radiologic technologists. KPSAHS eventually expanded 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. The degree status of our core programs demonstrates our commitment to providing students with the resources, connections, and support to launch successful careers throughout the health care industry. Our vision is to be recognized as a leader in health sciences education, and reflects an underlying dedication to the professionalism and excellence we instill through our educational programs. We focus on being a national leader in health sciences training and education, and the success of our students demonstrates the preeminence of our academic and clinical training. In 2017, KPSAHS launched an Associate of Science in Medical Assisting program.

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 post-master's level mental health services include Clinical Social Work and Marriage & Family Therapy (MFT). Participating interns have completed either a master's degree program in Social Work (MSW), or a master's degree program in Counseling, Psychology, or related fields, leading to an MFT license. Internships in Psychology require enrollment in American Psychological Association (APA)-accredited PhD, PsyD or EdD programs in Clinical, Counseling or School Psychology. Postdoctoral residencies in Psychology require completion of PhD, PsyD, or EdD degree 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. In

addition, the trainees provide services to the communities in their local areas. Increasingly, the trainees are involved in collaborating more closely within Family Medicine and Primary Care through Behavioral Medicine.

KAISER PERMANENTE PHARMACIST RESIDENCY PROGRAMS

During a one- or two-year postgraduate education and training program, licensed pharmacists gain additional experience and training in pharmaceutical care and administrative pharmacy services in a fully integrated, nonprofit managed care organization. The program enables residents to improve their clinical knowledge and skills while enhancing continuity of care in a variety of ambulatory, intermediate, and hospital settings, and to meet California's legal requirements for collaborative practice initiating and adjusting prescription medication therapy under physician-approved protocols and patient referrals. Each academic year, Kaiser Permanente accepts qualified applicants from a nationwide pool into its 18 nationally-recognized, 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. Pharmacy residents and their preceptors participate in several community health initiatives, and develop and disseminate medical knowledge to health care providers and community members. In 2017, Kaiser Permanente trained 152 students.

KAISER PERMANENTE NORTHERN CALIFORNIA ORTHOPAEDIC PHYSICAL THERAPY FELLOWSHIP

The Kaiser Permanente Northern California Orthopaedic Manual Physical Therapy Fellowship, previously, the Physical Therapy Fellowship in Advanced Orthopedic Manual Therapy Program, was established in 1979 at KFH-Hayward in Northern California and is the oldest program of its kind in the country. The department also runs the Kaiser Permanente Northern California Orthopaedic Physical Therapy Residency. The programs attract physical therapists from across the nation who are seeking advanced specialty training in orthopedic physical therapy. Graduates serve their hospitals and clinics, and the Northern California community as clinical specialists, academic faculty, instructors for community courses, and consultants to industry. As part of the curriculum, students design and implement a teaching project for the community and provide free physical therapy services to uninsured adults at the RotaCare Free Health Clinic in San Leandro. Involvement in the community is at the core of the mission and vision of the program and has differentiated our program from others across the country. This program is credentialed by the American Physical Therapy Association through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

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 complete clinical rotations in the acute hospital setting, inpatient rehabilitation, outpatient departments, and community clinics. During their residency, residents spend at least 48 hours providing care in the greater community. They offer consultation, education and mobility training to clients and providers of rehab outside of Kaiser Permanente so that the community can benefit from the growing knowledge and skills of the residents. One faculty member focuses on community activities and services to optimize these experiences for the residents and the community members they serve.

KAISER PERMANENTE PHYSICAL THERAPY ORTHOPEDIC RESIDENCY PROGRAM

Kaiser Permanente's Physical Therapy Orthopedic Residency Program provides education in the specialty area of orthopedic physical therapy. Each year, the program offers residency positions at 11 KFH hospitals in Southern California: Baldwin Park, Downey, Fontana/Ontario, Los

Angeles, Orange, Panorama City, Riverside, San Diego, South Bay, West Los Angeles, and Woodland Hills. The program also provides classroom and lab education (288 hours) for four residents at three non-KP residency programs in Southern California: Casa Colina Medical Center, Pomona; Cedars-Sinai Medical Center, Los Angeles, and Glendale Adventist Hospital Physical Therapy Residency Program, Glendale, CA;and graduates are eligible to sit for their board certification examination in orthopedic physical therapy, and apply to participate in a physical therapy fellowship program. In 2017, there were a total of 29 orthopedic residents in the program.

Kaiser Permanente Orthopaedic Fellowship in Sports Rehabilitation Program

This fellowship program provides education in the specialty area of sports physical therapy and rehabilitation, with a focus on advanced training in examination and treatment techniques procedures of extremity injuries in an active and post-surgical patient population with musculoskeletal conditions. In 2017, six Orthopaedic/Sports Rehabilitation Fellows practiced in KFH-Woodland Hills, KFH-Los Angeles, KFH-Orange, and KFH-West Los Angeles.

Kaiser Permanente Spine Rehabilitation Fellowship

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. In 2017, five Spine Rehabilitation Fellows practiced at KFH-Harbor City, KFH-Los Angeles and KFH-West Los Angeles.

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 five Spine Rehabilitation fellow slots at KFH hospitals in Southern California.

Kaiser Permanente Clinical Psychology Internship Training Programs

Clinical Psychology Internship Programs are conducted under the Department of Psychiatry in Kaiser Permanente Southern California Region in Los Angeles. Pre-doctoral students enroll in the Clinical Psychology Internship Training Programs to augment their educational experience by working in a high quality educational environment, having direct responsibility (under the supervision of licensed staff) for patients selected from a large and varied patient base, and working with a multidisciplinary staff. The goal of the Internship Programs is to transition the intern from student to professional by providing training in the roles and functions of clinical psychologists. The programs employ a multi-supervisor training process, affording interns training, supervisory and mentoring experiences with licensed staff members of varying theoretical backgrounds and areas of expertise. The programs provide an intensive well-managed clinical experience with a wide diversity of clients in terms of age, gender, racial and ethnic background, socioeconomic background, and psychological disturbance, using a variety of therapeutic modalities for working with clients as individuals, couples, families, and groups. KFH-Los Angeles and KFH-San Diego participate in the programs with four interns in Los Angeles and eight in San Diego.

Kaiser Permanente Radiology Training Program

Students enrolled in local community college radiology technology programs can complete their one-year clinical rotation, a requirement for certification, at KFH facilities in Southern California. The program served 176 students in 2017.

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 2017, approximately 700 community participants attended one of continuing education programs and/or symposia.

HIPPOCRATES CIRCLE

The Hippocrates Circle Program is designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician. Kaiser Permanente staff and Southern California Permanente Medical Group physicians work collaboratively with school superintendents, educators, parents and medical school faculty to strengthen connections and assist students with achieving their educational goals by providing mentorship exposure and experience. In 2017, 749 students participated in the program at various KFH locations in Southern California.

GRANTS AND DONATIONS FOR THE EDUCATION OF HEALTH CARE PROFESSIONALS

KFH spent $2,213,758 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 deploys dedicated research expertise to conduct, publish, and disseminate high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. 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 its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionally impacted by heath disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice. 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 (KPNC)'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 more than 4 million members of KPNC using interviews, automated data, medical records, and clinical examinations.

DOR has more than 50 Research Scientists and DOR researchers have contributed over 3,000 papers to the medical and public health literature. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice. DOR works with Kaiser Permanente Community Benefit Programs (KPCBP) to enhance communication and collaboration between DOR and Kaiser Permanente members, community residents and other key stakeholders. Financial and other support provided by KPCBP enables DOR to sponsor research studies on topics which directly align with KPCBP priorities, to attract additional external funding and improve community engagement and participation in DOR activities, to provide research and training opportunities, and to develop unique and significant resources in the Comprehensive Clinical Research Unit (CCRU) and Research Program on Genes, Environment and Health (RPGEH).

DEPARTMENT OF RESEARCH AND EVALUATION

The Department of Research & Evaluation emphasizes research with real-world implications—studies that can be translated into and inform clinical practice and improve public health. The Department is increasing scientific expertise in research areas including health services and implementation science. This helps the organization to understand how to provide better care for members and the communities from which they come, as well as bridge the gap between research and practice. Research covers a wide range of topics including cancer, cardiovascular disease, diabetes, health services research and implementation science, obesity, drug/vaccine safety and effectiveness, and maternal and child health. The Department's work is undertaken by 30 investigators and 338 support staff. In 2017, there were 305 active research projects and more than 350 (as of November 2017) published studies of regional and 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 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.

SCR's Nursing Research Program offers nurses the opportunity to engage in research on nursing and inter-disciplinary clinical practices to improve patient outcomes. The program team generates research evidence in addition to providing administrative and technical support for nurses to conduct, publish, and disseminate their own research studies and evidence based practice projects. Dissemination of generated and synthesized evidence to clinicians occurs through publications, posters, podiums, and spread of best practices and tools to community partners. Current areas of research include nursing workforce and leadership, instrument validation, and clinical practice studies (activity/mobility, quality sleep, pressure injury prevention, falls prevention, and nutritional enhancement). There were 70 active nursing research projects and five studies published in 2017.

Table A – Total Community Benefits Provided in 2017 (Endnotes on following page.)

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$613,861,844
Charity care: Medical Financial Assistance Program[2]	156,557,719
Grants and donations for medical services[3]	89,633,076
Subtotal	**$860,052,639**
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$3,294,864
Educational Outreach Program	1,030,372
Summer Youth and INROADS programs[5]	3,349,072
Grants and donations for community-based programs[6]	60,919,400
Community Benefit administration and operations[7]	18,314,142
Subtotal	**$86,907,850**
Benefits for the Broader Community[8]	
Community health education and promotion programs	$1,002,434
Kaiser Permanente Educational Theatre	5,642,636
Community Giving Campaign administrative expenses	636,771
Grants and donations for the broader community[9]	8,907,453
National board of directors fund	742,576
Subtotal	**$16,931,869**
Health Research, Education, and Training	
Graduate Medical Education	$76,800,701
Non-MD provider education and training programs[10]	22,793,558
Grants and donations for the education of health care professionals[11]	2,213,758
Health research	23,831,212
Subtotal	**$125,639,229**
TOTAL COMMUNITY BENEFITS PROVIDED IN 2016	**$1,089,531,586**

ENDNOTES

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

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

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

[4] Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.

[5] 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.

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

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

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

[9] 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.

[10] Amount reflects the net expenditures after scholarships for health professional education and training programs.

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

Table B – Community Benefits Provided in 2017 by Hospital Service Area

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

NORTHERN CALIFORNIA HOSPITALS	
Antioch	$29,765,071
Fremont	12,867,341
Fresno	22,301,746
Manteca	25,785,886
Modesto	13,481,144
Oakland	50,755,363
Redwood City	14,820,811
Richmond	29,769,696
Roseville	36,570,990
Sacramento	55,737,233
San Francisco	33,414,692
San Jose	28,518,380
San Leandro	41,532,971
San Rafael	16,359,344
Santa Clara	39,383,040
Santa Rosa	29,818,796
South Sacramento	50,727,142
South San Francisco	13,055,845
Vacaville	20,864,854
Vallejo	39,955,923
Walnut Creek	24,966,900
Northern California Total	**$630,453,167**

SOUTHERN CALIFORNIA HOSPITALS	
Anaheim	$31,343,211
Baldwin Park	28,521,469
Downey	40,624,634
Fontana	52,827,378
Irvine	14,855,596
Los Angeles	53,670,818
Moreno Valley	11,199,152
Ontario	16,969,850
Panorama City	39,189,639
Riverside	29,252,326
San Diego	49,479,105
South Bay	27,867,202
West Los Angeles	39,105,910
Woodland Hills	24,172,129
Southern California Total	**$459,078,419**

CHAPTER IV: 2017–2019 COMMUNITY BENEFIT PLANS AND 2017 YEAR-END RESULTS

INTRODUCTION

In 2016, local staff at all KFH hospitals in California conducted a CHNA and developed a 2017–2019 community benefit plan. These CHNAs and community benefit plans were developed in compliance with the 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 (referred to as the community benefit plan in the SB 697 report) to meet the community health needs identified through the CHNA. What follows is a brief description of the development of the triennial CHNA and the resulting community benefit plan as required by SB 697.

COMMUNITY HEALTH NEEDS ASSESSMENT

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements nonprofit hospitals must meet in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(c)3 of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a CHNA and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our community benefit plans, these new requirements have 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 2016 and described in this report was conducted in compliance with current federal and state requirements.

Kaiser Permanente's intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs includes development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

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

COMMUNITY BENEFIT PLAN DEVELOPMENT

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

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

Once health needs are selected, local CB staff and committees develop a community benefit plan. As part Kaiser Permanente's integrated health system, KFH hospitals have a long history of working with KFHP, TPMG, SCPMG, and other KFH hospitals, as well as external stakeholders to identify, develop, and implement strategies to address community health needs. These strategies are developed so that they:

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

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

Each KFH hospital will monitor and evaluate its proposed strategies to track implementation of those strategies and to document the anticipated impact. Plans to monitor impact 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 36 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.
- 2017 metrics for select programs in the CB portfolio, presented at the hospital level (Table 1).
- Quantified Community Benefit provided in 2017, presented at the hospital level (Table 2).
- A link to the 2016 CHNA report and a list of the prioritized needs identified during the 2016 CHNA.
- Year-end results for Community Benefit activities and programs provided in 2017, including highlights of key local and regional grants, partnerships, and other efforts to address the prioritized needs outlined in the 2017-2019 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 (626-405-6042).

KAISER FOUNDATION HOSPITAL - IRVINE

6640 Alton Pkwy.
Irvine, CA 92618
(949)932-5000

COMMUNITY SNAPSHOT

Note: Ethnicity (Hispanic/Latino) and Race (White, Black/African American, Asian, Native American/Alaskan Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races) are separate categories as reported by the US Census Bureau, American Community Survey: 2011-2015 accessed through www.CHNA.org/KP in January 2018.

White	66.13%
Black/African American	1.42%
Asian	18.21%
Native American/ Alaskan Native	0.38%
Pacific Islander/ Native Hawaiian	0.27%

Some Other Race	9.59%
Multiple Races	3.99%
Hispanic/Latino	23.86%
Total Population	1,602,633
Living in Poverty (<200% FPL)	24.35%

Children in Poverty	12.31%
Unemployed	5.1
Uninsured	11.44%
No High School Diploma	10.70%

KEY STATISTICS

Year Opened:	2008
KFH full-time equivalent personnel:	1,074
KFHP members in KFH service area:	245,063

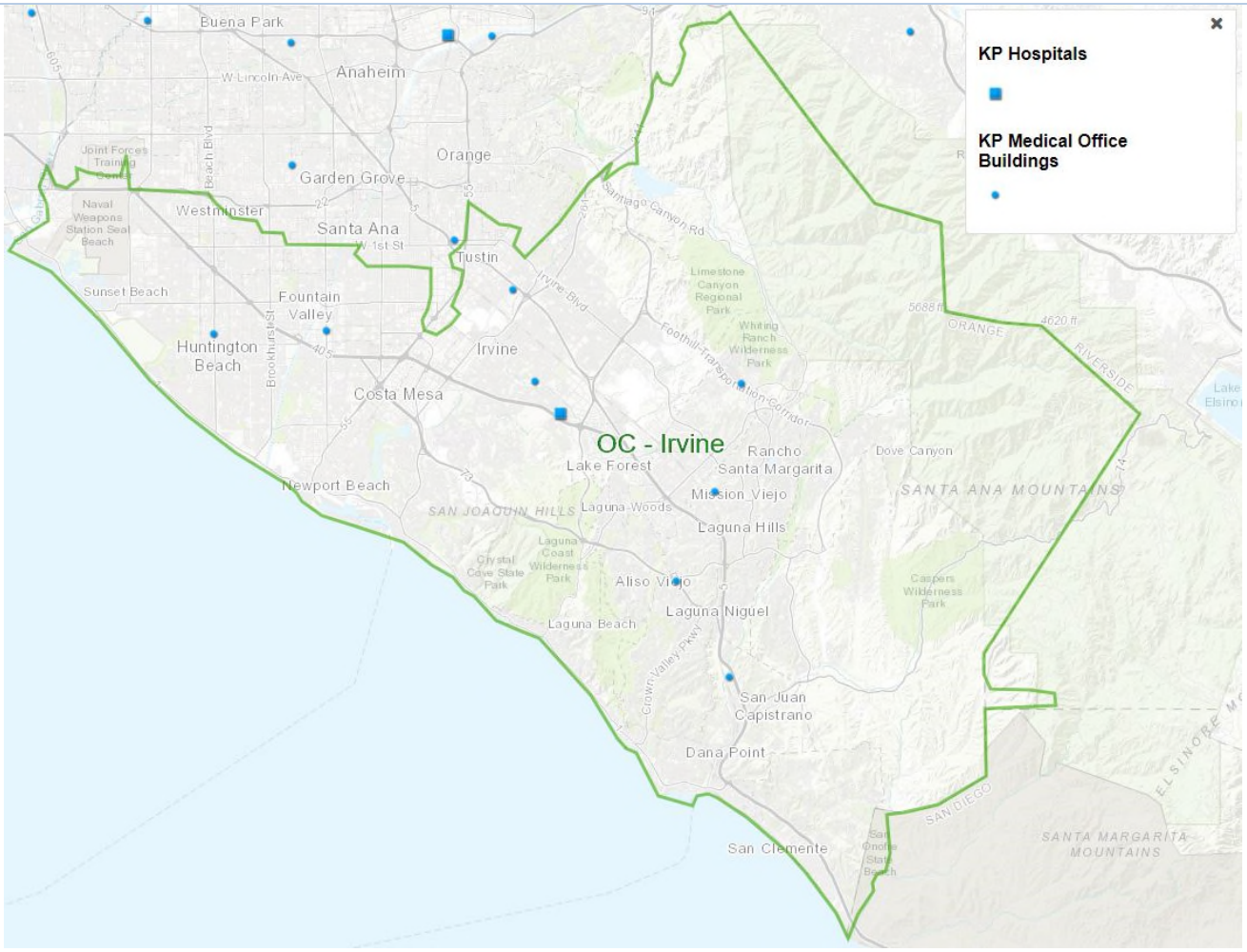
Total licensed beds:	174
Emergency room visits	48,549

Sources: Business Objects FTE/Labor, Market Strategy & Sales Operations; Delivery Systems Strategy; KP Insight; SCPMG Business System & Reporting; March 2017

KEY LEADERSHIP

Mark Costa	Senior Vice President and Area Manager
Nancy Gin, MD	Area Medical Director
Rich Raynes	Chief Administrative Officer
Margie Harrier	Chief Operating Officer
Douglas Cesario	Area Chief Financial Officer
John E. Stratman, Jr.	Senior Director, Public Affairs and Brand Communications
Cheryl Vargo	Community Benefit Manager

KFH-IRVINE SERVICE AREA MAP



The KFH-Irvine service area includes the communities of Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

TABLE 1 - 2017 KEY COMMUNITY BENEFIT PROGRAM METRICS

KAISER FOUNDATION HOSPITAL - IRVINE

(For more information about these and other Community Benefit programs and services, please see pages 10 through 24 in Chapter III.)

Charity Care: Medical Financial Assistance Program recipients	2,451	Community Surgery Day patients	40
Nursing Research projects (new, continuing, and completed)	6	Educational Theatre- number of attendees (students and adults)	7,058
Graduate Medical Education - number of affiliated and independent residents	32	Other health professional training and education (non-MD) beneficiaries	13
Medi-Cal managed care members	17,474	Health Research projects (new, continuing, and completed)	34
Educational Theatre - number of performances and workshops	74	Graduate Medical Education - number of programs	1
Deloras Jones nursing scholarship recipients	3	Hippocrates Circle students	72
Number of 2017 grants and donations made at the local and regional levels*	72		

*Many regional grants impact three or more local hospitals. As such, a single regional grant may be included in the "Number of 2017 grants and donations" count for multiple hospitals.

TABLE 2 - COMMUNITY BENEFIT RESOURCES PROVIDED IN 2017

KAISER FOUNDATION HOSPITAL - IRVINE

	2017 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$10,770,238
Charity care: Medical Financial Assistance Program[b]	$568,882
Grants and donations for medical services[c]	$851,122
Subtotal	**$12,190,242**
Other Benefits for Vulnerable Populations	
Grants and donations for community-based programs[f]	$792,433
Community Benefit administration and operations[g]	$534,298
Subtotal	**$1,326,731**
Benefits for the Broader Community	
Community health education and promotion programs	$56,371
Kaiser Permanente Educational Theatre	$261,626
Community Giving Campaign administrative expenses	$9,422
Grants and donations for the broader community[i]	$98,019
National board of directors fund	$16,821
Subtotal	**$442,259**
Health Research, Education and Training	
Graduate Medical Education	$4,824
Non-MD provider education and training programs[j]	$357,467
Grants and donations for health research, education, and training[k]	$55,113
Health research	$478,960
Subtotal	**$896,364**
Total Community Benefits Provided	**$14,855,596**

TABLE 2 ENDNOTES

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

[b] Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.

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

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

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

[i] 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.

[j] Amount reflects the net expenditures for health professional education and training programs.

[k] 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. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The KFH-Irvine 2016 Community Health Needs Assessment (CHNA) is posted on the internet at http://www.kp.org/chna. A detailed explanation of the CHNA process is included in the introductory section (Chapter IV) of the full SB 697 report.

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

The health needs identified for the KFH-Irvine service area through the 2016 CHNA process are:

- Alzheimer's
- Cancer
- Cardiovascular Disease
- Diabetes
- Economic Instability
- Healthcare Access
- HIV / AIDS
- Housing
- Maternal & Child Health
- Mental Health
- Obesity / Overweight
- Oral / Dental Health
- Substance Abuse / Use
- Suicide

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-IRVINE SERVICE AREA

KFH-Irvine identified the following health needs to address based on a set of criteria as outlined in the KFH-Irvine Implementation Strategy Report, posted on the internet at http://www.kp.org/chna. In addition to health needs listed below, Kaiser Foundation Hospitals has identified research as a significant need. Deploying a wide range of research contributes to building general knowledge for improving health and health care services, increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.

1. ACCESS TO HEALTH CARE

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the

KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access dental care. Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due existing partnerships and collaborations that can help address this need.

2. Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security. There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is "job rich and housing poor". While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in unstable housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14.

3. Behavioral Health

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life and can contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,00 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine's collaboration with public health and community health partners to best address this health need.

4. Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both

the worsening weight status among children and adults, and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12. From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65 years old, Hispanics/Latinos, African-Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

2017-2019 Community Benefit Plan and 2017 Year-End Results

The 2017-2019 Community Benefit Plan is based on the results of the 2016 Community Health Needs Assessment and Implementation Strategy documents. KFH-Irvine anticipates that successful implementation of key activities (grants, collaboration, and in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Irvine Implementation Strategy Report, posted on the internet at http://www.kp.org/chna.

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

Below are the year-end results for each priority health need identified by KFH-Irvine. The results included in the tables provide highlights for a select number of activities KFH-Irvine implemented in 2017 to address its identified health needs and, as such, are not exhaustive lists.

PRIORITY HEALTH NEED I: ACCESS TO HEALTH CARE

Long Term Goal(s):

- All community members have access to timely, coordinated, high quality health care from a trained and diverse workforce.

Intermediate Goal(s):

- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

Administered Program Highlights		
KFH Program Name	**KFH Program Description**	**Results to Date**
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources.	• Reach: 17,474 KFH Medicaid members • Dollars Awarded: $10,770,238
Medical Financial Assistance (MFA)	MFA provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	• Reach: 2,451 members and nonmembers • Dollars Awarded: $568,882

Grant Highlights

Summary of Impact: During 2017, there were 8 paid grants, totaling $530,400, addressing the priority health need in the KFH-Irvine service area. This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2017. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling $500,000 that address this need. The list below includes highlighted grants. If a grant is paid out of DAF, it is denoted by an asterisk (*).

Grantee	Grant Amount	Project Description	Results to Date
Share Our Selves (SOS) Corporation	$20,000	SOS aims to improve access to behavioral and preventive health care and increase their overall number of insured or uninsured patients.	2,109 new patients accessed services including 52% who were uninsured and 48% who were on Medicaid. About 70% received a behavioral health screening with 47 unduplicated patients participating in behavioral health care and 96% of patients (18) with BMI outside of normal range had a documented follow-up plan in their medical record.
Susan G. Komen Breast Cancer Foundation	$20,400	The project aims to understand, strengthen, and expand the navigator breast cancer network. Komen OC will identify issues and barriers surrounding patient navigation to ensure that underserved women are diagnosed early and complete their treatment to increase their chances of survival.	To date, 186 women have been navigated through the breast continuum of care and 46 have received financial assistance and mental health support. 14 interviews have been done with community and nurse navigators and 2 focus groups with breast cancer survivors (2 more focus group are scheduled) to identify barriers and solutions. A directory of resources is being compiled.
Insure the Uninsured Project (ITUP)	$75,000	ITUP works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations.	ITUP aims to conduct and disseminate health policy research, convene eight regional statewide work groups, and provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. ITUP serves as a bridge between health policy and the health care sector to reach 19 million Californians.
California Primary Care Association (CPCA)	$150,000	CPCA supports its member community health centers through education, training, and advocacy to ensure compliance with all federal program requirements and to best serve their low-income, underserved, and diverse patients.	CPCA provided statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. CPCA provided 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance. Training topics and technical assistance varied from workforce, electronic health records, strategic planning, health equity, and more.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Health Funders Partnership of Orange County (HFPOC) - Live Healthy OC Initiative	Live Healthy OC is an integrative health initiative among funders, academia, and nonprofits whose goal is to help support the transformation of the healthcare delivery model of Orange County Community Health Clinics from a disease-focused delivery model to a focus on prevention and wellness.	KFH-Irvine public affairs' staff serve on the HFPOC to share institutional best practices from the medical care and funders perspective. To date, seven clinics in the initiative combined see more than 33,000 patients per year of which 68% are Medi-Cal recipients and 47% of patients are below 100% of the FPL. The prevalent chronic diseases addressed include diabetes, obesity, and hypertension.

In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
AccessOC Southern California	At KFH-Irvine's SurgiCenter, 100 physicians and employees came together to provide free, low-risk outpatient surgeries and colonoscopy screenings. Eleven Orange County residents received low-risk outpatient surgeries, 19 received colonoscopy screenings, and another 12 received cataracts procedures. Patient identification, eligibility screening, and care coordination was performed by AccessOC.

PRIORITY HEALTH NEED II: ECONOMIC SECURITY

Long Term Goal(s):

- All community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food.

Intermediate Goal(s):

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

Grant Highlights

Summary of Impact: During 2017, there were 3 paid grants, totaling $80,400, addressing the priority health need in the KFH-Irvine service area. This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2017. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 0 grants, totaling $0 that address this need. The list below includes highlighted grants. If a grant is paid out of DAF, it is denoted by an asterisk (*).

Grantee	Grant Amount	Project Description	Results to Date
Community Initiatives	$25,000	The Peer Engagement and Enrichment Program is a 7 month pipeline program that prepares future undocumented health professionals. The program is online and provides a peer-support network to help students overcome any academic challenges and navigate the application process for health care programs.	To date, the program facilitated 3 peer support groups of 15 participants to increase sense of community, supported application preparedness among undocumented students interested in a health career, provided 6 online presentations from current healthcare professionals and 18 live online webinar sessions to support admission to programs, and provided a 3-day retreat with workshops on writing, application requirements, and mock interviews.
Family Assistance Ministries (FAM)	$20,000	The Hunger and Homeless Prevention Program provides stabilizing services to individuals and families who are hungry, homeless, or at risk of becoming homeless. Clients are provided with healthy food and case management to include identifying barriers to care and working to reduce or eliminate them.	Funding has supported food rescue, housing continuum, and satellites. FAM had 38,408 encounters with people in need and all were provided nutritious food options. 495 new households have received case management services and 229 homeless or at immediate risk of becoming homeless have been housed. Outreach and stabilizing services have been provided weekly at 2 satellite locations. All clients are low-to-moderate income.
Working Wardrobes for a New Start	$35,400	VetNet is a Safety Net for Veterans that addresses the employment and employability barriers faced by military veterans and their family members by providing them with support and resources to secure civilian employment, achieve economic stability, and maintain optimal physical and emotional health.	In 2017, VetNet served 582 veterans and family members, with 374 participating in holistic employment and support services, 239 receiving job training services, 269 securing living-wage employment with an average hourly wage of $17.84, and 90% reporting improvement in their physical and emotional health, economic status, and quality of life.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
United to End Homelessness	United to End Homelessness is a newly formed funders collaborative in Orange County that seeks to reduce street homelessness in the county	KFH-Irvine senior vice president serves on the executive committee and the leadership council

	and wants to become the first community in the state to reach a functional count of zero homelessness.	of the coalition, influencing the strategies and planning to end street homelessness in Orange County. United Way of Orange County convened a group of public and private funders to strategize and bring together cross sector leaders and build awareness through civic engagement through the United to End Homelessness collaborative.

PRIORITY HEALTH NEED III: BEHAVIORAL HEALTH

Long Term Goal(s):

- All community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed.

Intermediate Goal(s):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

Grant Highlights

Summary of Impact: During 2017, there were 7 paid grants, totaling $560,400, addressing the priority health need in the KFH-Irvine service area. This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2017. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 0 grants, totaling $0 that address this need. The list below includes highlighted grants. If a grant is paid out of DAF, it is denoted by an asterisk (*).

Grantee	Grant Amount	Project Description	Results to Date
California Court Appointed Special Advocate Association (CASA)	$75,000	This project's goal is to engage local CASA staff, volunteers, and medical professionals in identifying service gaps and best practices in the administration of psychotropic medication to foster youth.	About 10,000 children, staff, and volunteers were served and service grew from 5,641 to 6,273 children. The program provided more than 246,000 hours of supervised advocacy and mentoring support and 365 technical assistance hours. In addition, it surveyed 6 of 8 target counties and conducted over 20 interviews to discern current needs and practices in the administration of psychotropic medication to foster youth.

Health Professions Education Foundation (HPEF)	$125,000	This project provides funding to HPEF's Licensed Mental Health Services Provider Educational Loan Repayment Program (LMH) to support 28 licensed mental health professionals providing patient care in California's medically underserved areas (MUAs).	The project aims to recruit eligible mental health professionals to apply to LMH; ensure an objective review process to award applicants who best meet the cultural, linguistic, geographic, and medical demands of MUAs; and, award at least 28 loan repayments to mental health and wellness professionals in exchange for a two-year obligation to practice in an MUA.
Gay and Lesbian Community Services Center of Orange County	$40,000	The 3MH collaborative, LGBT Center OC, Shanti OC, and RHC aim to increase mental health services for vulnerable populations in the KFH-Irvine service area. Services are focused on the LGBTQ and ally communities and HIV/AIDS affected communities.	To date, the following has been completed: 7 weekly youth groups were held; outreach was given to 12 service area schools; engagement of 328 youth; 76 low income individuals received mental health services; training was given to over 100 providers; 573 individual and group counseling sessions and support groups for 75 unduplicated Latinas/family members were held; 110 unique individuals were served for mental health counseling; and, outreach was given to 927 students.
Hurtt Family Health Clinic Inc	$15,400	Hurtt Family Health Clinic provides access to a child psychiatrist for low-income, uninsured, and homeless children and youth with major mental health disorders.	104 pediatric patients were provided with psychiatric services from July 1, 2017 to January 1, 2018. The number of pediatric patients seen during the grant period exceeded the initial outcome expectation by 108%.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Orange County Coalition for Mental and Behavioral Health	This is a collaborative among KFH-Anaheim and Irvine, other health care organizations, the Orange County Health Care Agency, nonprofit organizations, law enforcement, and faith-based organizations to improve access and service delivery for mental and behavioral health in Orange County.	KFH-Irvine senior vice president serves as a founding member of the coalition and provides expertise in health care management. To date, the Coalition influenced the (a) County's pending purchase of a site for comprehensive mental and behavioral health services near the Santa Ana River homeless encampments, (b) expansion of crisis stabilization units from one to three sites, and (c) formation of Mind OC, a nonprofit that formed in December 2017.

In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
KFH-Irvine children, teens, and adults	The Kaiser Permanente Educational Theatre program is designed to inspire children, teens and adults to make healthier choices by providing school-based performances addressing health literacy, conflict resolution, healthy eating and active living, adolescent bullying awareness and STD prevention. In 2017, 74 performance events were provided for in 24 schools, reaching 7,058 youth and adults in the community.

PRIORITY HEALTH NEED IV: OBESITY/HEAL/DIABETES

Long Term Goal(s):

- All community members eat healthy and move more as a part of daily life.

Intermediate Goal(s):

- Improve access to opportunities for physical activity in the community.
- Improve linkages between health care services and community-level services.
- Improve access to healthy food options in the community.

Grant Highlights

Summary of Impact: During 2017, there were 6 paid grants, totaling $385,400, addressing the priority health need in the KFH-Irvine service area. This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2017. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 3 grants, totaling $386,111 that address this need. The list below includes highlighted grants. If a grant is paid out of DAF, it is denoted by an asterisk (*).

Grantee	Grant Amount	Project Description	Results to Date
California WIC Association (CWA)	$50,000	CWA aims to utilize technology like cell phone apps and telemedicine to make services and information more accessible to participants and to build the capacity of local WIC agencies to educate and inform policymakers, sponsor training conferences, and share new policy tools for members and the public.	This project intends to pilot technology in 3-5 agencies, pilot the sharing of nutrition and lactation staff between WIC agencies and community health centers, and share pilot findings. Three community health centers will also adopt Breastfeeding Friendly Guidelines and utilize the on-line toolkit. In addition, this project will educate California legislators on WIC and develop and disseminate annual statewide and county breastfeeding fact sheets.

California Association of Food Banks	$95,000	The Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, nutrition education, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members.	Eleven member food banks will receive and distribute at least 350,000 pounds of subsidized fresh fruits and vegetables through the Farm to Family program. Outreach and enrollment will result in Cal Fresh participation rates reaching 80% statewide, with no county below 70% by the end of 2019. Advocacy efforts will maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.
Playworks Education Energized	$35,400	Playworks' goal is to partner with elementary schools to help children achieve a high level of healthy play and empower schools to continue the Playworks model on their own. Playworks uses play as an essential tool to improve healthy development and increase physical activity for every child.	Playworks Southern California has served 5,445 children from eight South Orange County schools with 30-45 minutes of daily physical activity through morning and lunch recess and physical activity classes including schools through the Boys and Girls Club partnership. Playworks has also engaged 90 students in the Junior Coach Leadership program to develop their leadership skills from six South Orange County school partners.
Serving Kids Hope	$20,000	Responding to obesity/overweight as being a priority community health need, Serving Kids Hope implemented a successful childhood obesity prevention and treatment program, HEAL: Health Eating and Living, to children and families residing the KFH-Irvine service area.	Serving Kids Hope provided interactive sessions focused on health, nutrition, and fitness to 51 children in the Saddleback school area and 319 one-on-one interventions consisting of visits with the pediatrician, dietitians, and fitness trainer. BMI baseline was gathered and tracked on all patients. Initial nutrition knowledge and fitness status was determined on patients and results will be delivered upon program conclusion.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Health Funders Partnership of Orange County (HFPOC) - Live Healthy OC Initiative	Live Healthy OC is an integrative health initiative among funders, academia, and nonprofits whose goal is to help support the transformation of the healthcare delivery model of Orange County Community Health Clinics from a disease-focused delivery model to a focus on prevention and wellness.	KFH-Irvine public affairs' staff serve on the HFPOC to share institutional best practices from the medical care and funders perspective. To date, seven clinics in the initiative combined see more than 33,000 patients per year of which 68% are Medi-Cal recipients and 47% of patients are below 100% of

		the FPL. The prevalent chronic diseases addressed include diabetes, obesity, and hypertension.

In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
KFH-Irvine children, teens, and adults	The Kaiser Permanente Educational Theatre program is designed to inspire children, teens and adults to make healthier choices by providing school-based performances addressing health literacy, conflict resolution, healthy eating and active living, adolescent bullying awareness and STD prevention. In 2017, 74 performance events were provided for in 24 schools, reaching 7,058 youth and adults in the community.

Impact of Regional Initiatives

Thriving Schools Partnership Grants
Kaiser Permanente's Southern California Community Benefit's Thriving School Partnership Grant (TSPG) focuses on improving healthy eating, physical activity, and school climate of K-12 schools. School districts developed district and school level strategies that focused on policy, systems, and environmental changes that make the healthy choice the easy choice. The first phase of TSPG was launched on October 1, 2014 with twelve school districts and these districts successfully implemented nearly 40 strategies, reaching over 38,000 students. Many policy, systems, and environment changes occurred as a result of this work including revisions to school district wellness policies and increased physical activity opportunities during the school day. The second phase of the TSPG was launched on January 1, 2017 with nine school districts (seven returning and two new districts). To date, the sites are working to implement 66 strategies.

PRIORITY HEALTH NEED V: RESEARCH

Long Term Goal(s):

- To increase awareness of the changing health needs of diverse communities

Intermediate Goal(s):

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

Grant Highlights

Summary of Impact: During 2017, there was 1 paid grant, totaling $675,000, addressing the priority health need in the KFH-Irvine service area. This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2017. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 3 grants, totaling $779,100 that address this need. The list below includes highlighted grants. If a grant is paid out of DAF, it is denoted by an asterisk (*).

Grantee	Grant Amount	Project Description	Results to Date
Regents University of California, Los Angeles	$675,000	UCLA Center for Health Policy Research's California Health Interview Survey (CHIS) is the nation's largest state health survey. CHIS collects information statewide on access to health care, health insurance coverage, health behaviors, chronic health, and other issues to inform policy.	CHIS aims to conduct at least 40,000 household interviews statewide and disseminate the data collected to policy makers, health organizations, advocates, researchers, and the general public. The project will provide AskCHIS and AskCHIS Neighborhood Edition training to at least 50 individuals to use health data in advocacy, policy, program planning, research, and education.
Public Health Institute	$175,000 DAF*	The Public Health Alliance of Southern California advances community health through data-informed policy and environmental and systems changes, focusing on communities with high health inequities and poor social determinants of health.	Public Health Alliance inventoried and analyzed over 20 funding streams to prioritize funding to communities experiencing multiple burdens from different social determinants of health. The Alliance incorporated recommended changes and enhancements to the Health Disparities Index to include educational quality and performance measures. The Alliance identified over 30 data gaps and aims to develop a strategic plan to address the gaps.