



# Kaiser Foundation Hospital – Northern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

## FREMONT

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



# Kaiser Foundation (KFH)-Fremont

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## I. Introduction and Background

### A. About 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 comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine 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 our 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.

### B. About Kaiser Permanente Community Health

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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

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. We've conducted Community Health Needs Assessments 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.

## C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

# II. Overview and Description of Community Benefit Programs Provided

## A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 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, 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.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

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

A breakdown of financial contributions is provided in Tables A and B.

Note that “non-quantifiable benefits” are highlighted in the Year-end Results section of the KFH Community Benefit Plan, where applicable.

**Table A**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**Community Benefits Provided in 2018** (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>a</sup>	\$740,302,826
Charity care: Medical Financial Assistance Program <sup>b</sup>	\$252,514,999
Grants and donations for medical services <sup>c</sup>	\$24,632,288
<b>Subtotal</b>	<b>\$1,017,450,114</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>d</sup>	\$3,171,145
Educational Outreach Program	\$977,755
Youth Employment programs <sup>e</sup>	\$3,423,227
Grants and donations for community-based programs <sup>f</sup>	\$30,937,535
Community Benefit administration and operations <sup>g</sup>	\$12,672,094
<b>Subtotal</b>	<b>\$51,181,755</b>
<b>Benefits for the Broader Community<sup>h</sup></b>	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community <sup>i</sup>	\$3,975,643
National board of directors fund	\$742,683
<b>Subtotal</b>	<b>\$12,135,568</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs <sup>j</sup>	\$24,019,233
Grants and donations for the education of health care professionals <sup>k</sup>	\$1,706,941
Health research	\$30,884,804
<b>Subtotal</b>	<b>\$139,731,662</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,220,499,099</b>

## TABLE A 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 and Indigent Care programs 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.
- d. Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- e. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Youth Employment programs participants hired.
- f. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- h. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- 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 after scholarships 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 such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

**Table B**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**Community Benefits Provided by Hospital Service Area in 2018**

<b>NORTHERN CALIFORNIA HOSPITALS</b>		<b>SOUTHERN CALIFORNIA HOSPITALS</b>	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
<b>Northern California Total</b>	<b>\$735,665,834</b>	<b>Southern California Total</b>	<b>\$484,833,265</b>

## **B. Medical Care Services 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.

## **C. Other Benefits for Vulnerable Populations**

### **Watts Counseling and Learning Center (SCAL)**

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. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

### **Educational Outreach Program (SCAL)**

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

### **Youth Employment Programs (NCAL and SCAL)**

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 as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

## **D. Benefits for the Broader Community**

### **Community Health Education and Health Promotion Programs (NCAL and SCAL)**

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.



### **Kaiser Permanente Educational Theatre (NCAL and SCAL)**

Since 1986, 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 – to reinforce the messages presented in the programs.

## **E. Health Research, Education, and Training Programs**

### **Graduate Medical Education (GME)**

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. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

### **Non-MD Provider Education and Training Programs**

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

### **Health Research**

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

### III. KFH-Fremont Community Served

#### A. Kaiser Permanente’s Definition of Community Served

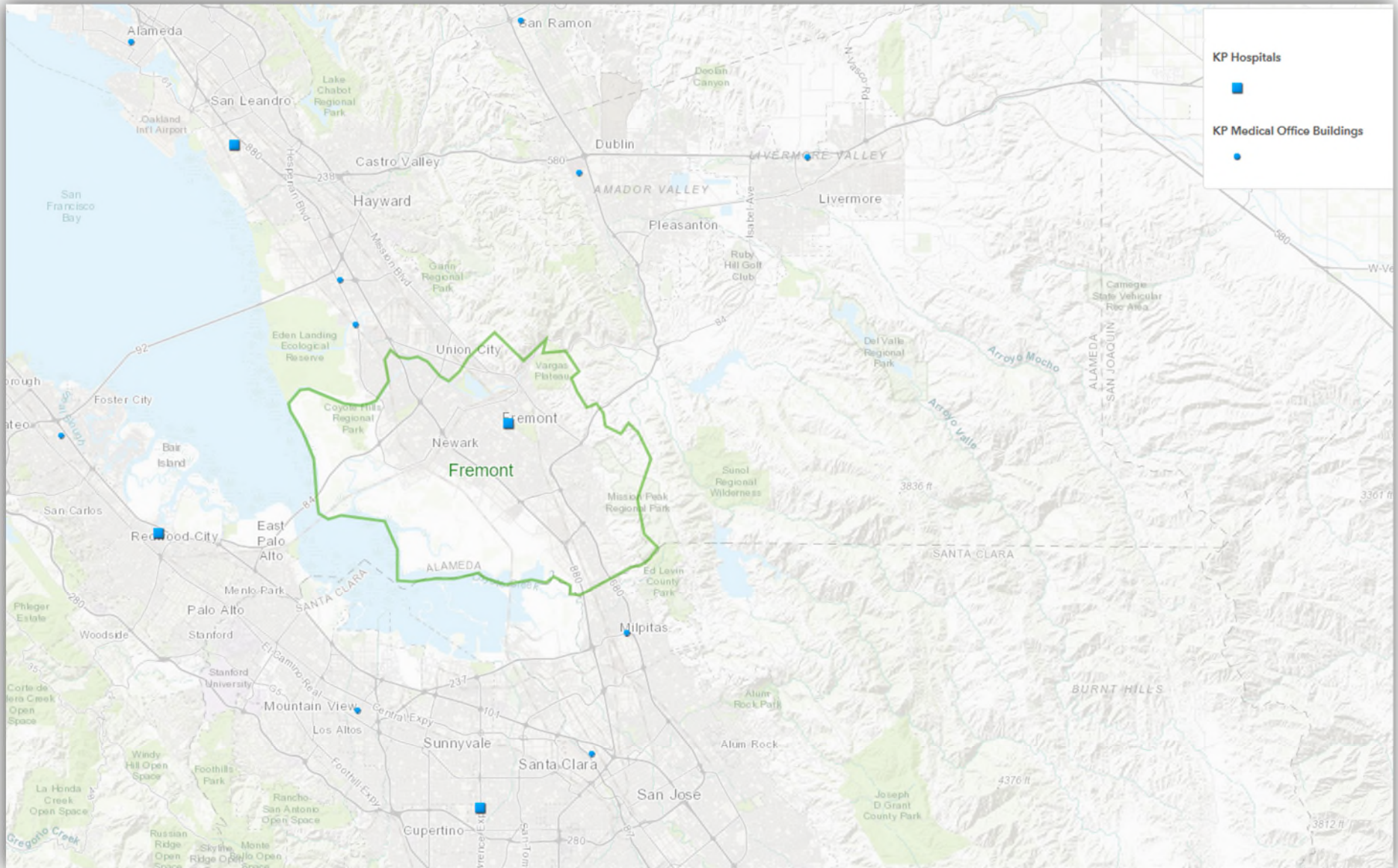
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

#### B. Demographic Profile of the Community Served by KFH-Fremont

Total Population	273,040
White	27.7%
Black/African American	3.5%
Asian	51.7%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.9%
Some Other Race	9.6%

Multiple Races	6.1%
Hispanic/Latino	16.7%
Total Living in Poverty (<100% FPL)	5.6%
Children Living in Poverty	5.7%
Unemployment Rate	2.9%
Uninsured Population	5.5%
Adults With No High School Diploma	7.8%

### C. Map and Description of Community Served by KFH-Fremont



The KFH-Fremont service area includes the southern part of Alameda County. The cities served include Fremont and Newark.

## IV. Description of Community Health Needs Addressed by KFH-Fremont

KFH-Fremont's 2016 Community Health Needs Assessment (CHNA) is posted on the internet at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs KFH-Fremont would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Fremont is addressing in the 2017-2019 three-year cycle:

### 1. Obesity, Diabetes, Healthy Eating, Active Living (Renamed Healthy Eating, Active Living)

Healthy diets, and achievement and maintenance of healthy body weights reduce the risk of chronic diseases, including diabetes and obesity. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. For example, having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Similarly, having access to appropriate, safe, and free or low-cost physical activity options in their local community allows people to engage in more active living. When such opportunities are not available locally, people are likely to be less physically active. Creating and supporting healthy environments allow people to make healthier choices and live healthier lives.

### 2. Behavioral Health

Mental health (including subclinical stress, anxiety, and depression, in addition to diagnosed mental health disorders) and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term “behavioral health.” Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol.

Mental health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Good mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or society. It also plays a major role in people's ability to maintain good physical health. Mental issues, depression and anxiety, and the impact of trauma affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide. Advances in research have led to the development of effective evidence-based strategies to address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance



abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

### **3. Violence and Injury Prevention (Renamed Community and Family Safety)**

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization’s “World Report on Violence and Health.” Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

### **4. Health Care Access and Delivery**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting their quality of life.

## V. 2018 Year-End Results for KFH-Fremont

### A. 2018 Community Benefit Financial Resources Provided by KFH-Fremont

Total Community Benefit expenditures are reported 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 Youth Employment participants employed within each hospital area's community at large.

**Table C**

**KFH-Fremont**

**Community Benefits Provided in 2018** (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>a</sup>	\$6,290,043
Charity care: Medical Financial Assistance Program <sup>b</sup>	5,072,188
Grants and donations for medical services <sup>c</sup>	567,476
<b>Subtotal</b>	<b>\$11,929,707</b>
<b>Other Benefits for Vulnerable Populations</b>	
Youth Employment programs <sup>d</sup>	\$162,423
Grants and donations for community-based programs <sup>e</sup>	684,592
Community Benefit administration and operations <sup>f</sup>	167,277
<b>Subtotal</b>	<b>\$1,014,292</b>
<b>Benefits for the Broader Community<sup>g</sup></b>	
Community health education and promotion programs	\$1,083
Community Giving Campaign administrative expenses	12,555
Grants and donations for the broader community <sup>h</sup>	116,845
National board of directors fund	11,433
<b>Subtotal</b>	<b>\$141,916</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$48,724
Non-MD provider education and training programs <sup>i</sup>	448,516
Grants and donations for health research, education, and training <sup>j</sup>	32,143
Health research	446,564
<b>Subtotal</b>	<b>\$975,948</b>
<b>Total Community Benefits Provided</b>	<b>\$14,061,863</b>

## TABLE C 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.
- d. 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 number of Youth Employment programs participants hired.
- e. 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.
- f. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- g. 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 several related denominators such as the number of Educational Theatre Programs performances or health education programs.
- h. 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.
- i. Amount reflects the net expenditures for health professional education and training programs.
- j. 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.



## B. Examples of KFH-Fremont’s 2018 Activities to Address Selected Health Needs

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. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or 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-Fremont Community Benefit Plan/Implementation Strategy Report posted on the internet at <http://www.kp.org/chna>.

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 Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The examples below provide highlights for a select number of programs, grants, collaboration and/or assets that address the identified health needs in KFH-Fremont. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Healthy Eating Active Living	In 2018, there were 23 grants totaling \$244,278.90 that addressed Healthy Eating Active Living in the KFH-Fremont service area.	<p><b>Hypertension management:</b> KFH-Fremont awarded a \$29,984 grant (even split with KFH-San Leandro) to the American Heart Association for Check. Change. Control., its evidence-based hypertension management program that utilizes blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health. The program increases access to care and healthy food to manage high blood pressure for 100 Spanish-speaking adults with hypertension. Trained promotores will educate an additional 200 Spanish-speaking individuals through outreach.</p> <p><b>CalFresh:</b> Tiburcio Vasquez Health Center, Inc. received a \$95,000 grant (even split with KFH-San Leandro) to build staff capacity to conduct CalFresh outreach and enrollment targeted to working low-income households and seniors, and to strengthen its application assistance infrastructure. To date, promotoras and volunteers have conducted 51 outreach activities reaching 1,064 people. Promotoras have screened 291 community members for food insecurity and referred 48 individuals to enroll in Calfresh.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Mental Health and Wellness	<p>In 2018, there were 17 grants totaling \$179,751.14 that addressed Mental Health and Wellness in the KFH-Fremont service area.</p>	<p><b>Parks:</b> Hayward Area Recreation &amp; Park District Foundation received a \$75,000 grant (even split with KFH-San Leandro) to create and build Mia's Dream Come True, an all-inclusive playground with a focus on residents with disabilities. Once completed, the park is projected to serve approximately 50,000 users annually.</p> <p><b>Stigma:</b> Fremont Human Services Department (FHSD) received a \$90,000 grant to address stigma associated with self-harm behaviors and other mental health concerns among Fremont junior high and high school youth. Educational events and a media campaign are designed to increase understanding of mental health as part of overall health and promote wellness. FHSD expects to reach 200 students and 400 community members.</p> <p><b>Services for foster children:</b> East Bay Children's Law Offices was awarded a \$30,000 grant (even split with KFH-San Leandro) to improve the social-emotional, well-being, health, and education outcomes and access to services for foster children 0 to 5 in southern Alameda County. Program staff have conducted 112 assessments to date. The staff attorney has worked on 54 cases and attended 10 Individualized Education Programs and 12 other student support services meetings at schools for young clients.</p> <p><b>Mental health support:</b> KFH-Fremont awarded \$30,000 grant (even split with KFH-San Leandro) to Mujeres Unidas Y Activas for its Sanando el Alma (Healing the Soul), a program that provides culturally relevant behavioral health interventions in Spanish. Since December 2018, 76 immigrant women received specialized support group services that aid survivors of violence and sexual assault to address trauma. In addition, 38 women received culturally and linguistically relevant peer counseling sessions and 16 of them received referrals to additional services.</p> <p><b>Resilience:</b> Seneca Family of Agencies received a \$98,000 grant (even split with KFH-San Leandro) to partner with Hayward High School to provide students with access to trauma-informed mental health services; faculty and staff with support needed to cope with vicarious trauma; and school administrators with support to implement trauma-informed practices schoolwide. To date, the Wellness Center has directly served 100 students and 25 families, and more than 100 staff have been engaged in the effort.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Community and Family Safety	In 2018, there were 16 grants totaling \$312,075.00 that addressed Community and Family Safety in the KFH-Fremont service area.	<p><b>Tattoo removal:</b> KFH-Fremont awarded a \$50,000 grant (even split with KFH-San Leandro) to Eden Youth &amp; Family Center’s New Start Tattoo Removal Program, which offers bimonthly laser tattoo removal treatments to youth 13 to 25 in southern Alameda County. The program also provides case management, and involves youth in community service, job training, and education. The program will reach 200 youth. Tattoo removals are held at KFH-Hayward and KFH-Union City and lead by a Kaiser Permanente physician.</p> <p><b>Peer mentorship:</b> KFH-Fremont awarded a \$40,000 grant (even split with KFH-San Leandro) to East Bay Family Defenders’ Mentor Parent pilot program to provide dependency court-involved parents with peer mentorship and recovery support. The program engages parents in stabilizing or reunifying their family to prevent or minimize foster care placement. Since December 2018, the program has served 23 parents. And a six-week parent support group, The Real Talk, was developed and is scheduled to begin in February of 2019.</p> <p><b>Domestic violence:</b> Afghan Coalition was awarded a \$40,000 grant for its Reduce Domestic Violence in Afghan Immigrant Families project, which provides support groups and case management to Farsi-speaking domestic violence (DV) victims, raises awareness of DV in the Farsi-speaking community, and provides information on its DV curriculum to service providers working with this community. Since December 2018, the project has served 27 families, 10 have completed an eight-week DV workshop, and 2,122 people viewed the nine articles about DV in the Afghan community the organization posted on social media.</p>
Access to Care and Coverage	In 2018, there were 52 grants totaling \$496,911.00 that addressed Access to Care in the KFH-Fremont service area.	<p><b>Kaiser Permanente Medicaid and Charity Care:</b> In 2018, Kaiser Permanente provided care to 4,655 Medi-Cal members and 161 Charitable Health Coverage (CHC) members. And 4,484 individuals received Medical Financial Assistance (MFA).</p> <p><b>Care for seniors:</b> KFH-Fremont awarded \$50,000 grant (even split with KFH-San Leandro) to Community Resources for Independent Living to implement the Care Transition Intervention/Device Lending Library Service, which provides at-risk seniors and disabled people with the skills and tools needed for a successful transition from the hospital to their home. A total of 400 seniors or people with disabilities will receive access to medical equipment and education on the equipment needed for their transition.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p><b>Operation Access:</b> Operation Access received a \$350,000 grant (split with 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. Overall, 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.</p> <hr/> <p><b>211:</b> Eden I&amp;R, Inc. received a \$50,000 grant (split with three KFH hospital service areas) to support 211, a free, 24/7 multilingual phone service that links callers to vital health, housing, and human services by providing information and referrals to resources and programs throughout Alameda County. To date, 211 has received a total of 17,456 calls and provided 28,484 housing, health, and human services referrals.</p> <hr/> <p><b>PHASE:</b> Community Health Center Network (CHCN) received \$170,00 of a three-year grant (\$500,000, split with three KFH hospital service areas) to support the successful use of PHASE among member health center organizations. Strategies include supporting health centers' quality improvement and data infrastructure through training and sharing of best practices. CHCN members are reaching more than 37,000 patients through PHASE and 75% of their patients with diabetes and 70% of those with hypertension have their blood pressure controlled.</p>