



# Kaiser Foundation Hospital – Northern California Region

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

## FRESNO

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)-Fresno

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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 comprising 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 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 a 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**

**B. 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>

## **E. 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.

## **F. 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.

## **G. 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.

## **H. 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-Fresno Community Served

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

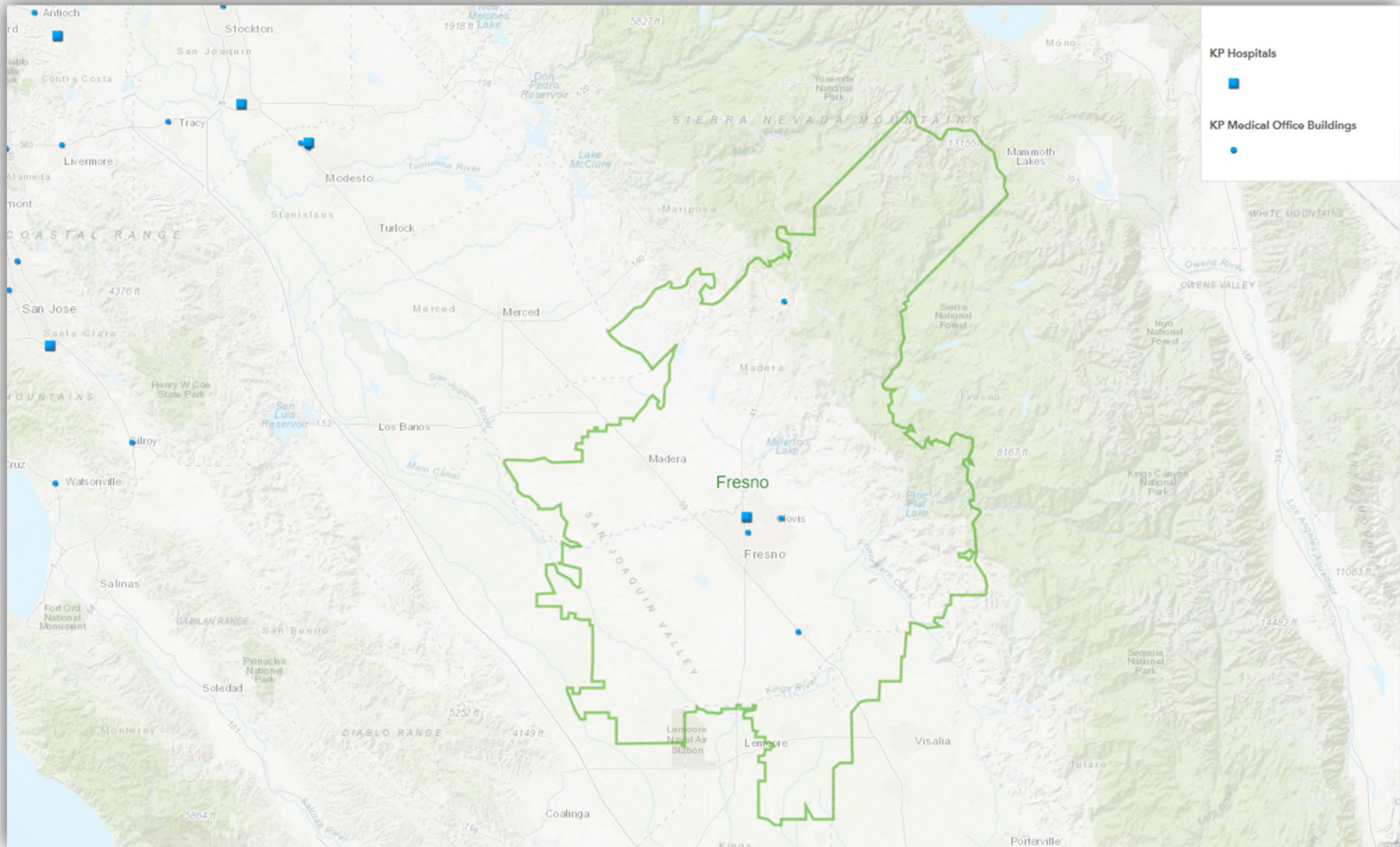
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	1,144,573
White	65.2%
Black/African American	4.7%
Asian	8.9%
Native American/ Alaskan Native	1.1%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	16.2%

Multiple Races	3.9%
Hispanic/Latino	52.2%
Total Living in Poverty (<100% FPL)	25.6%
Children Living in Poverty	36.6%
Unemployment Rate	7.6%
Uninsured Population	13.8%
Adults with No High School Diploma	25.4%

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



The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O'Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

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

KFH-Fresno'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-Fresno 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 identified but not selected can also be found on the website. Here are the health needs KFH-Fresno is addressing in the 2017-2019 three-year cycle:

### 1. Access to Care and Coverage

To align with language across other KFH facilities, Access to Health Care from the Fresno CHNA was renamed Access to Care and Coverage. The content/meaning of the need did not change. Access to comprehensive, affordable, quality health care is critical to the prevention, early intervention, and treatment of health conditions. Health care access is of particular concern for low-income populations and those without health insurance. Residents of Fresno, Kings, Madera, and Tulare counties have less access to dentists, primary care providers, and mental health providers compared to the state. Lack of access to care was frequently cited as a top health issue in primary data. Barriers to care cited in stakeholder interviews and focus groups included lack of transportation, long wait times, difficulty scheduling appointments, paying for co-payments and medications, language issues, and difficulties navigating the health care system.

### 2. Healthy Eating Active Living (HEAL)

To align with language across other KFH facilities, Obesity and Diabetes from the Fresno CHNA were combined into one health need, HEAL. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. Diabetes hospitalizations are higher in the four-county KFH-Fresno service area when compared to the state. In Fresno, Kings, and Madera counties, diabetes prevalence is higher compared to the state. Obesity was one of the most frequently cited health concerns among stakeholders and focus groups, and attributed to lack of access to affordable healthy food and physical activity. The four counties have high rates of adults and children who are obese or overweight as compared to the state. American Indian, African American, Pacific Islander, and Latino adults are more likely to be obese than adults from other ethnic groups.

### 3. Behavioral Health

Mental Health and Substance Abuse from the Fresno CHNA were combined and renamed Behavioral Health. The content/meaning of the need did not change. In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or post-traumatic stress disorder (PTSD) and substance abuse have profound consequences for health behavior choices and physical health. In Fresno, Kings, and Tulare counties, adults 18 years and older self-report they receive insufficient social and emotional support “all or most of the time,” which is higher than the state. Focus groups and stakeholder interviews revealed that mental health is viewed as a top concern in all four counties. In the KFH-Fresno service area, few options exist for those seeking behavioral health professionals or services related to acute care.

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

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

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-Fresno**

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>a</sup>	\$3,787,182
Charity care: Medical Financial Assistance Program <sup>b</sup>	2,309,174
Grants and donations for medical services <sup>c</sup>	1,717,116
<b>Subtotal</b>	<b>\$7,813,472</b>
<b>Other Benefits for Vulnerable Populations</b>	
Youth Employment programs <sup>d</sup>	\$0
Grants and donations for community-based programs <sup>e</sup>	1,732,750
Community Benefit administration and operations <sup>f</sup>	218,475
<b>Subtotal</b>	<b>\$1,951,225</b>
<b>Benefits for the Broader Community<sup>g</sup></b>	
Community health education and promotion programs	\$1,414
Community Giving Campaign administrative expenses	16,397
Grants and donations for the broader community <sup>h</sup>	58,317
National board of directors fund	14,933
<b>Subtotal</b>	<b>\$91,061</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$248,786
Non-MD provider education and training programs <sup>i</sup>	443,946
Grants and donations for health research, education, and training <sup>j</sup>	32,143
Health research	583,242
<b>Subtotal</b>	<b>\$1,308,117</b>
<b>Total Community Benefits Provided</b>	<b>\$11,163,875</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-Fresno’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-Fresno 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-Fresno. 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
Access to Care and Coverage	In 2018, there were 43 grants totaling \$1,944,222.80 that addressed Access to Care in the KFH-Fresno service area.	<p><b>Kaiser Permanente Medicaid and Charity Care:</b> In 2018, Kaiser Permanente provided care to 18 Medi-Cal members and 846 Charitable Health Coverage (CHC) members. And 6,963 individuals received Medical Financial Assistance (MFA).</p> <p><b>PHASE:</b> Camarena Health received a three-year \$150,000 grant to support the successful use of PHASE in its clinic sites. Strategies include implementing and codifying an organization-wide hypertension protocol and strengthening its team-based care approaches. Camarena is reaching nearly 6,000 patients through PHASE; 88% of its patients with diabetes and 71% of its patients with hypertension have their blood pressure controlled.</p> <p><b>Capital Grant:</b> Buddhist Tzu Chi received a \$650,000 grant to buy a new dental mobile unit that will increase dental services for seniors, children, veterans, migrant families, and rural residents. The unit will have three dental chairs and provide free dental care to clients. Services will include cleanings, fillings, and extractions along with oral health education.</p>



Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p><b>Capital Grant:</b> Camarena Health received a \$550,000 grant for the purchase of a new medical and dental mobile unit that will service isolated corners of Madera County where low-income residents face serious challenges in accessing primary care due to the county’s geography and its limited transportation services.</p> <hr/> <p><b>Capital Grants:</b> Fresno American Indian Health Project (FAIHP) received a \$368,520 grant to build a new Fresno American Indian Health Center in Fresno County. Through this addition, the project will increase access to primary care for the region American Indian and Alaskan Native populations. Upon completion, the new health center will allow FAIHP to integrate primary health care services into its existing behavioral health program and to replace the existing electronic health record with an updated platform that supports the provision of integrated care.</p> <hr/> <p><b>Access to Services:</b> KFH-Fresno awarded Buddhist Tzu Chi Medical Foundation \$80,000 to support its Mobile Vision Project, which will reach 2,000 children to increase access to vision services and provide no-cost, high-quality vision services, including screenings, eye examinations, and reading/prescription glasses.</p>
Healthy Eating Active Living	In 2018, there were 31 grants totaling \$761,790.95 that addressed Healthy Eating Active Living in the KFH-Fresno service area.	<p><b>CalFresh:</b> FOOD, Inc. (dba) Central California Food Bank received a \$95,000 grant to provide targeted outreach to low-income communities in Kings and Madera counties through its CalFresh outreach program, which aims to increase CalFresh participation. To date, the CalFresh Outreach program has prescreened 790 individuals for food insecurity and assisted 110 households in completing a CalFresh application. Fifty of those applications were approved.</p> <hr/> <p><b>Access to Healthy Food:</b> KFH-Fresno awarded Fresno Metro Ministry \$95,000 for its Food to Share program to increase healthy food access and consumption in six under-resourced neighborhoods in Fresno, reaching 10,000 residents and distributing 440,000 pounds of healthy food. In 2019, 2,700 people will participate in healthy cooking demos at farmer’s market style food distributions.</p> <hr/> <p><b>Access to Clean Water:</b> KFH-Fresno awarded \$75,000 to Madera Unified School District (MUSD) for its water stations project, which will install filtered hydration stations at 17 MUSD schools and three district-wide departments, providing access to clean drinking water and encouraging students and staff to choose water over sugary drinks. The project will impact 11,470 students and faculty members.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p><b>Physical Education:</b> KFH-Fresno awarded \$75,000 to Fresno Unified School District to implement project Aces, which will increase focused physical activity for 300 staff and approximately 3,160 students during and after school sessions within the district.</p> <p><b>Recreation:</b> Fresno United Neighborhoods (FUN) received \$30,000 to support FUN Learner Pool Summer and Lifeguard Development programs, which will provide three free extended family swim hours (M-F, 5PM-8PM) at five learner pool sites during the summer and swim scholarships for 200 low-income participants who will learn water safety skills, basic swimming techniques, and develop a love of swimming at Edison High School Pool. The proposed learner pool special events attract 100 plus participants at each learner pool.</p>
Behavioral Health	In 2018, there were 22 grants totaling \$715,643.71 that addressed Behavioral Health in the Fresno service area.	<p><b>Resilience:</b> Family Foundations Counseling Services received a \$98,000 grant to expand school-based mental health services from three days a week to a full five days a week at Hamilton Middle School. The expansion will reduce current student wait list times and ensure that Hamilton students affected by trauma have access to trauma-informed mental health and wellness services.</p> <p><b>Stigma:</b> Camarena Health received a \$90,000 grant to reduce the stigma associated with mental health by developing two awareness campaigns that promote mental health and wellness. The campaigns expect to reach 2,500 students at a Madera Unified School District high school and 750 pregnant mothers at a community health center.</p> <p><b>Increase Mental Health Services:</b> KFH-Fresno awarded \$150,000 to Fresno Interdenominational Refugee Ministries (FIRM) to help the Fresno Southeast Asian Coalition for Action (FSACA) improve access to and utilization of mental health services for 12,500 Southeast Asians in Fresno. FIRM aims to reduce barriers and increase FSACA's capacity to serve the diverse Southeast Asian population by reducing the stigma associated with mental health services and by meeting social non-medical needs that can be barriers to care.</p> <p><b>Establishing Networks and Referrals:</b> California Health Collaborative received \$70,000 to support its Perinatal Mental Health Integration Program, which helps build a strong network and referral process for women experiencing postpartum depression and implement provider training, a referral network, and a maternal wellness coalition. The program is expected reach 2,230 women.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p><b>Social Emotional Programs in Schools:</b> KFH-Fresno provided Every Neighborhood Partnership \$23,000 to implement a social emotional wellness program impacting 500 Fresno Unified School District students. Students will participate in a three-tiered mentoring program that includes Beat the Odds, Yoga, SPARKs PE, Drum Fit curriculum, and one-on-one mentoring.</p>