



Kaiser Foundation Hospital – Northern California Region

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

ROSEVILLE

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)-Roseville

Table of Contents

I. Introduction and Background

- A. About Kaiser Permanente
- B. About Kaiser Permanente Community Health
- C. Purpose of the Report

II. Overview of Community Benefit Programs Provided

- A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
- B. Medical Care Services for Vulnerable Populations
- C. Other Benefits for Vulnerable Populations
- D. Benefits for the Broader Community
- E. Health Research, Education, and Training Programs

III. KFH-Roseville Community Served

- A. Kaiser Permanente's Definition of Community Served
- B. Map and Description of Community Served
- C. Demographic Profile of Community Served

IV. Description of Community Health Needs Addressed by KFH-Roseville

V. 2018 Year-End Results for KFH-Roseville

- A. 2018 Community Benefit Programs Financial Resources Provided by KFH-Roseville
- B. 2018 Examples of KFH-Roseville Grants and Programs Addressing Selected Health Needs

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 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.)

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

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

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
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		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

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-Roseville Community Served

A. Kaiser Permanente’s Definition of Community Served

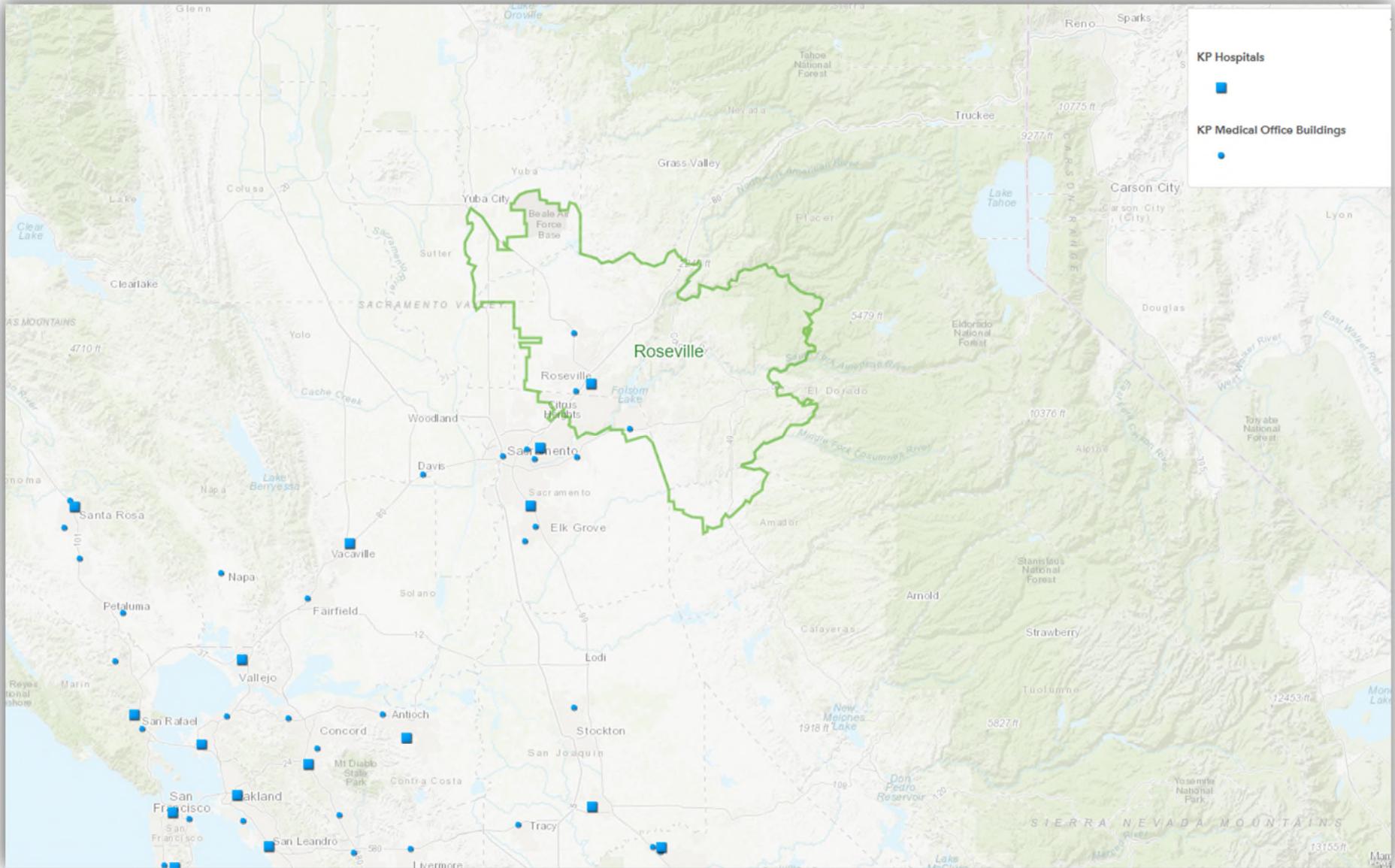
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Roseville

Total Population	827,023
White	80.4%
Black/African American	2.6%
Asian	7.1%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	3.6%

Multiple Races	5.3%
Hispanic/Latino	14.3%
Total Living in Poverty (<100% FPL)	10.4%
Children Living in Poverty	12.9%
Unemployment Rate	3.5%
Uninsured Population	8.1%
Adults with No High School Diploma	7.6%

C. Map and Description of Community Served by KFH-Roseville



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in the Sacramento Valley.

IV. Description of Community Health Needs Addressed by KFH-Roseville

KFH-Roseville'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-Roseville 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-Roseville is addressing in the 2017-2019 three-year cycle:

1. Access to Care

The health need Access to High-Quality Health Care and Services was renamed Access to Care for the IS. Access to high-quality, affordable health care and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Essential components of access to care include health insurance coverage, access to a primary care physician and clinical preventive services, timely access to and administration of health services, and a robust health care workforce. Culturally and linguistically appropriate health services are necessary to decrease disparities for diverse populations, including racial and ethnic minorities, LGBTQ populations, and older adults.

Access to care is a significant health need in the KFH Roseville service area. Nine of 32 indicators (28%) pertaining to access to care perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. A higher percentage of Blacks and Hispanic/Latinos lack of a consistent source of primary care and a higher percentage of Blacks, Hispanic/Latinos, and Native Hawaiian/Pacific Islanders lack health insurance coverage compared to other racial/ethnic groups and the service area as a whole. Input from service providers and community members indicate that access to primary care services and specialty care providers is a challenge, particularly for patients with Medi-Cal coverage.

While Access to Care was ranked sixth during the CHNA prioritization process, it strongly met the other criteria used in the IS selection process. Kaiser Permanente has many internal assets, resources, and expertise to address access to care.

2. Healthy Eating, Active Living

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health. A healthful diet and regular physical activity help individuals maintain a healthy weight and reduce the risk for many health conditions, including obesity, type 2 diabetes, heart disease, osteoporosis, and some cancers. Access to and availability of healthier foods can help people follow healthful diets and may also have an impact on weight. Access to recreational opportunities and a physical environment conducive to exercise can encourage physical activity that improves health and quality of life.

HEAL is a significant health need in the KFH Roseville service area, with 17 of 30 indicators (57%) performing poorly compared to state benchmarks or demonstrating racial/ethnic disparities related to HEAL. The rate of obesity among adults is slightly higher as compared to the state, and there are higher rates of overweight and obesity for Black and Hispanic/Latino youth compared to other racial/ethnic groups and the overall rate for the service area. A higher percentage of residents in the KFH Roseville service area live in areas designated as

food deserts as compared to the state, making it difficult to access healthy food. Input from service providers and community members indicate that there is a need for affordable and accessible options for healthy eating and active living.

Healthy eating active living strongly met nearly all the criteria used in the IS selection process.

3. Behavioral Health

The health need, Access to Behavioral Health Services was renamed Behavioral Health for the IS. Behavioral health encompasses both mental health and substance abuse.

Mental health and well-being are essential to living a meaningful and productive life. The burden of mental illness in the United States is among the highest of all diseases, and people with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse and suicide. Mental health and well-being provide people with the skills necessary to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Substance abuse is linked with community violence and mental health issues. Access to treatment for substance abuse and co-occurring disorders will improve the health, safety, and quality of life for individuals with substance use disorders as well as their children and families.

Behavioral health is a significant health need in the KFH Roseville service area. Ten of 13 indicators (77%) pertaining to mental health and eight of 12 indicators (67%) pertaining to substance abuse compare unfavorably to state benchmarks or demonstrate racial/ethnic disparities in health status. There is a high suicide rate, lack of mental health providers, high rates of emergency department visits for mental health conditions and self-inflicted injury, and high hospitalization rates for mental health conditions. In addition, compared to the state, there is a high percentage of alcohol consumption and expenditures, high rates of tobacco usage for teens and adults, and high emergency department and hospitalization rates for substance abuse and chronic obstructive pulmonary disease in the KFH Roseville service area. Input from service providers and community members indicate that the need for behavioral health services far outweighs the resources currently available in the service area.

Behavioral Health was the number one prioritized health need in the CHNA. With the exception of KP expertise, behavioral health strongly met all the criteria used in the IS selection process.

4. Community and Family Safety

The health need, Safe, Crime and Violence-Free Communities was renamed Community and Family Safety for the IS. Community and family safety contributes to overall health and well-being. Injuries and violence contribute to premature death, disability, poor mental health, high medical costs, and loss of productivity. Individual behaviors such as substance use and aspects of the social environment such as peer group associations can affect the risk of injury and violence. The physical environment may also affect the rate of injuries related to falls, motor vehicle accidents, and violent crime. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

Community and family safety is a significant health need in the KFH Roseville service area. Fifteen of 26 indicators (58%) pertaining to violence and safety perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. The service area crime statistics for major crimes (violence crimes, property crimes, and arson) and domestic violence are elevated compared to the state. In addition, there is a high percentage of alcohol consumption and expenditures, a high rate of school suspensions for youth, and high emergency department and hospitalization rates for substance abuse compared to the state. Input from service providers and community members indicate that substance abuse is a major contributor to violence and lack of real and perceived safety in neighborhoods.

Community and Family Safety strongly met nearly all the criteria used in the IS selection process.

V. 2018 Year-End Results for KFH-Roseville

A. 2018 Community Benefit Financial Resources Provided by KFH-Roseville

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-Roseville

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$32,618,877
Charity care: Medical Financial Assistance Program ^b	13,478,049
Grants and donations for medical services ^c	469,575
Subtotal	\$46,566,500
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$64,196
Grants and donations for community-based programs ^e	669,230
Community Benefit administration and operations ^f	510,420
Subtotal	\$1,243,847
Benefits for the Broader Community^g	
Community health education and promotion programs	\$3,304
Community Giving Campaign administrative expenses	38,308
Grants and donations for the broader community ^h	70,520
National board of directors fund	34,887
Subtotal	\$147,020
Health Research, Education, and Training	
Graduate Medical Education	\$1,042,407
Non-MD provider education and training programs ⁱ	552,055
Grants and donations for health research, education, and training ^j	32,143
Health research	1,362,621
Subtotal	\$2,989,225
Total Community Benefits Provided	\$50,946,592

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-Roseville’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-Roseville 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-Roseville. 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 49 grants totaling \$381,733.97 that addressed Access to Care in the KFH-Roseville service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 23,790 Medi-Cal members and 575 Charitable Health Coverage (CHC) members. And 10,424 individuals received Medical Financial Assistance (MFA).</p> <p>Access to primary and specialty care: Latino Leadership Council’s Creer En Tu Salud (Believe in your Health) project received \$80,000 (even split with KFH-Sacramento) to provide access to health, mental health, dental, and vision services to 533 people from unserved and underserved adult Latino populations in Placer and Sacramento counties. Of these, 215 got flu shots and 338 received connections for primary care (117), mental health (37), dental (35), vision (26), and insurance (78) services. Health promotoras teach patients how to make appointments and prepare them to ask questions, take notes, and comply with medical orders to improve their health.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>PHASE: Chapa-De Indian Health Program, Inc. (CDIHP) received a three-year \$150,000 grant (even split with KFH-Sacramento) to support the successful use of PHASE in clinic sites. Strategies include building a robust system for alternative visits (nurse and pharmacist) to help increase patient access and integrating the diabetes and primary care teams. CDIHP is reaching just over 2,000 patients through PHASE; 74% of its patients with diabetes and 76% of those with hypertension have their blood pressure controlled</p> <hr/> <p>211: Yolo County Health Department received a \$50,000 grant (even split with four KFH hospital service areas) to support 211’s efforts to connect community members with county services, and community-based resources and information through a 24-hour call center, web lookup, and text alerts. To date, 211 has received 2,432 calls, most related to emergency shelter and housing assistance. Callers were connected to resources and 546 direct referrals were made to service providers across the region.</p> <hr/> <p>Community clinic: St. Vincent de Paul Society’s free urgent care community clinic was awarded \$30,000 to provide medical evaluation and prescription medications for urgent medical problems for uninsured and low-income Roseville residents, including the homeless and undocumented immigrants. Care is provided at The Gathering Inn and the St. Vincent de Paul Society office; 434 patients received care and health-care providers issued 161 prescription medications.</p>
Healthy Eating Active Living	In 2018, there were 23 grants totaling \$298,713.95 that addressed Healthy Eating Active Living in the KFH-Roseville service area.	<p>CalFresh: Placer Food Bank received a \$95,000 grant to strengthen its CalFresh program infrastructure and provide targeted outreach to enroll immigrants, seniors, college students, and low-income families in CalFresh. To date, the CalFresh outreach team has prescreened 206 individuals, and assisted 37 seniors, families, college students, rural residents, and immigrant families complete applications. Approval rating is at 65%.</p> <hr/> <p>Parks: Health Education Council received a \$75,000 grant to create the vision for Weber Park that was developed by residents engaged in the Invest Health Roseville Initiative. Residents had conversations with the city about how to prioritize resources and park improvements linked to improving social connection, engagement, health, and economic outcomes. The City of Roseville hosted a neighborhood ‘reimagination day’ that attracted 200 residents to the park and provided an opportunity to obtain input about classroom and outdoor learning space renovations.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>After school program: City of Folsom Parks & Recreation was awarded \$10,000 for Folsom STARS, its partnership with Folsom Cordova Unified School District that provides a safe, secure community-based after-school program for 55 vulnerable, at-risk students at Theodore Judah and Blanche Sprentz elementary schools. Folsom STARS is a place where children can develop and connect through relationships, focus on academics and life skills, and increase their health, fitness, and family resilience.</p> <p>Nutrition education and physical activity program: Folsom Cordova Unified School District received \$30,000 (even split with KFH-Sacramento) for Growing Together, a program that promotes healthy eating and active living among students and their families. This collaboration with Soil Born Farms allowed 206 students from six schools to explore local sources of nutritious food, learn healthy menu planning, and build a commitment to healthy eating at school and beyond. And through the Family Summer Academy, 120 students, 33 counselors in training, and 118 adults learned where food comes from and how to prepare nutritious meals. In addition, 3,372 students from nine schools participated in mileage walking clubs, recording more than 20,000 miles districtwide.</p>
Mental Health & Wellness	In 2018, there were 21 grants totaling \$259,517.04 that addressed Mental and Behavioral Health in the KFH-Roseville service area.	<p>Mental health support: Lighthouse Counseling & Family Resource Center was awarded \$25,000 for its Family Wellness Initiative, which helped more than 3,000 people in Placer County establish self-sufficiency and positive health outcomes through an inclusive approach utilizing case management, evidence-based counseling, therapeutic support groups, education, and in-home visitations at no cost. Of the 136 clients who received therapy, 85% reported positive results. And of the 138 clients who received educational classes and/or therapeutic group support, 90% reported significant positive results. Lighthouse also assists in obtaining vital community resources when it's not able to provide clients with direct services.</p> <p>Stigma: Health Education Council received a \$90,000 grant to work with 1,300 students, parents, and staff from five Roseville schools to stimulate discussions about mental health stigma and increase coordination and collaboration between agencies working on mental health issues. The project intends to increase understanding about mental health, its associated stigma and its connection with overall health.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Mental health services for homeless: The Gathering Inn (TGI) received a \$40,000 grant for an onsite mental health clinician (MHC) who works eight hours/week with a caseload of at least 10 homeless guests. Transportation challenges and TGI's high case manager to guest ratio makes travel to community-based mental health appointments difficult, so having an onsite MHC addresses access issues, provides consistency in therapeutic relationships, and leads to better treatment outcomes. During the reporting period, the MHC provided 556 hours of clinical time, averaged more than 100 client encounters quarterly, and interacted with 205 guests. Nearly 40% of TGI guests self-report mental health issues, so having an onsite MHC is invaluable to maintaining treatment and counseling protocols. The MHC has treated mental health issues (e.g., PTSD, depression, anxiety, bipolar disorder, and postpartum depression) and assisted with medical issues (e.g., burns, cuts, bronchitis, and allergies).</p>
Community & Family Safety	<p>In 2018, there were 14 grants totaling \$118,617.00 that address Community and Family Safety in the KFH-Roseville service area.</p>	<p>Sexual violence: Stand Up Placer was awarded \$25,000 for its Victims' Services Program, which helps survivors of domestic/sexual violence and human trafficking and their children address their trauma and begin the healing process. The program serves clients in Roseville and Auburn. It provides access to the social services safety net, assists clients in obtaining legal remedies to their situations, and helps them reduce the risk of future violence in their lives. During the last year, 1,285 victims received services through the program. Because of the MeToo movement and increased publicity around sexual assault, the number of sexual assault victims seeking assistance skyrocketed. In all, 494 clients received 1,689 legal advocacy services, including court accompaniments; 163 clients received assistance with protection and custody order services; 54 clients received 75 custody order services; and 131 clients sought help with 161 protective order services.</p>