



Kaiser Foundation Hospital – Northern California Region

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

SAN RAFAEL

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

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in the community

Kaiser Foundation (KFH)-San Rafael

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-San Rafael 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-San Rafael

V. 2018 Year-End Results for KFH-San Rafael

- A. 2018 Community Benefit Programs Financial Resources Provided by KFH-San Rafael
- B. 2018 Examples of KFH-San Rafael 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-San Rafael Community Served

A. Kaiser Permanente’s Definition of Community Served

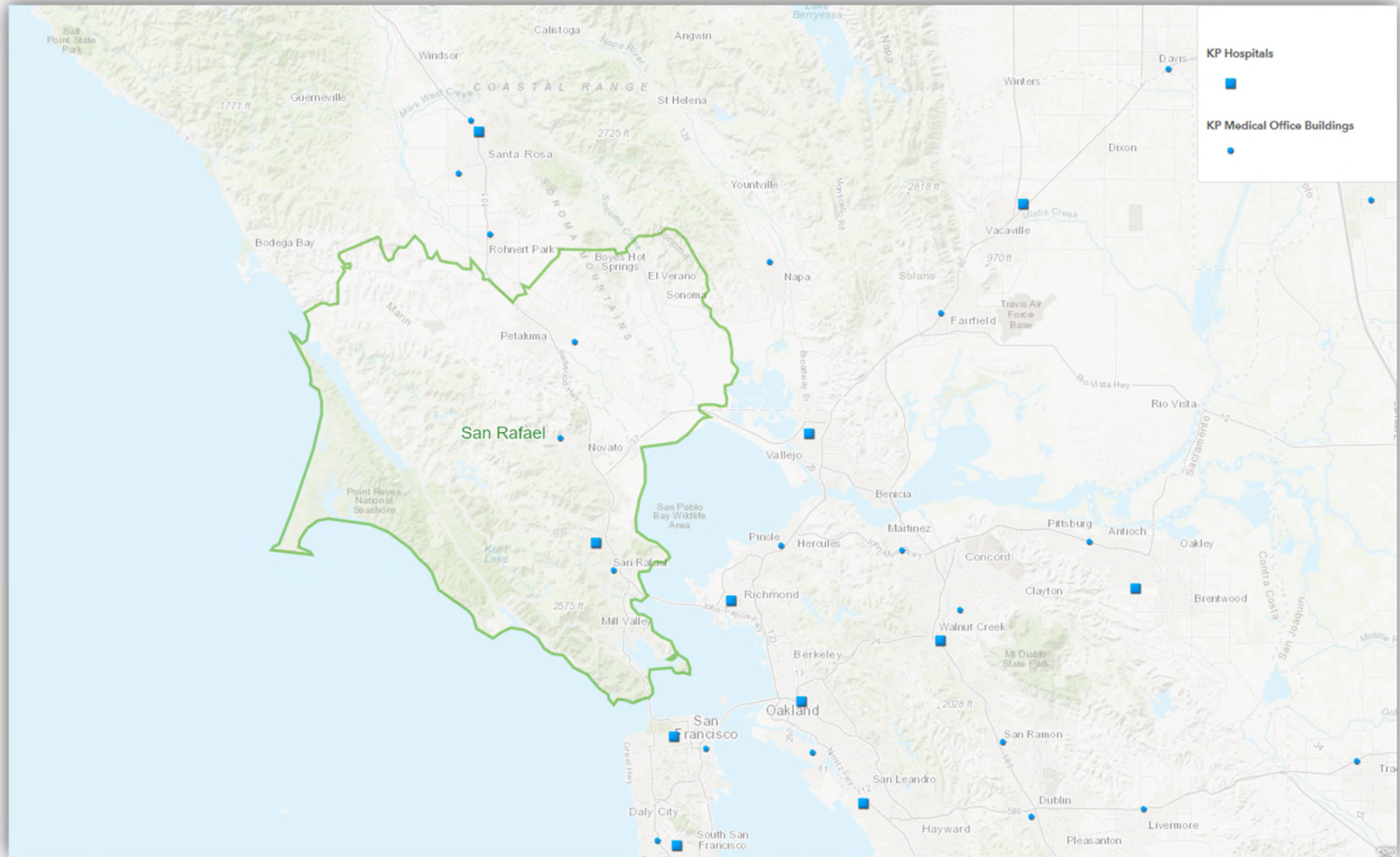
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-San Rafael

Total Population	368,184
White	79.3%
Black/African American	1.9%
Asian	4.9%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	9.2%

Multiple Races	4.2%
Hispanic/Latino	18.0%
Total Living in Poverty (<100% FPL)	8.5%
Children Living in Poverty	10.6%
Unemployment Rate	2.4%
Uninsured Population	7.2%
Adults with No High School Diploma	8.4%

C. Map and Description of Community Served by KFH-San Rafael



The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

IV. Description of Community Health Needs Addressed by KFH-San Rafael

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

1. Healthy Eating, Active Living

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. In Marin County, an estimated 17.5% of adults are obese (compared to 22.3% of adults in California), and 30.8% are overweight (compared to 35.9% in California overall). Among youth, 8.7% are obese (compared to 19.0% in California overall) and 16.3% are overweight (compared to 19.3% in California overall). Access to healthy food was identified as a concern, particularly in specific areas of the county. Since economic disadvantage is strongly linked to barriers that inhibit healthy consumption of foods and an active lifestyle, low-income residents, as well as youth and older adults, are disproportionately affected by this health need. Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed and low income.

Certain populations in Marin are disproportionately at risk for health issues related to healthy eating and active living. For instance, while only 18.2% of non-Hispanic white youth and 19.2% of Asian youth are physically inactive, 37.9% of non-Hispanic black youth and 41.4% of Hispanic/Latino youth are physically inactive. Interviewees noted that children and adolescents are a particularly vulnerable population because developing healthy habits during youth sets the foundation for healthy eating and active living during adulthood.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria, most notably KP expertise and the ability to leverage organizational assets, and because it aligned with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

Ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize the prevention, early intervention, and treatment of health conditions.

With the implementation of the ACA, most adults in Marin County have access to insurance coverage and regular health care. However, disparities persist. Specifically, lower-income residents have difficulty accessing specialty care services and mental health services, particularly outpatient services, and public insurance is not accepted by many physicians in the county. In addition, many providers who see low-income patients are at capacity. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations. Only 84.2% of kindergarteners in the county enter school with all required immunizations (compared to 90.4% in California overall).

KFH San Rafael has selected to address this health need because it received a high score across all selection criteria, most notably with respect to CHNA prioritization, ability to leverage organizational assets, feasibility, and, existing or promising practices. Selecting this health need also ensured alignment with Kaiser Permanente regional priorities.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. 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, has profound consequences on health behavior choices and physical health. Mental health and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term behavioral health. Mental health was raised as a high concern for all residents, especially youth and older adults. Most notably, Marin residents have a high risk of suicide. 12.8 per 100,000 county residents die by committing suicide (compared to 9.8 per 100,000 in California overall), and 18% of eleventh grade students report having seriously considered suicide in the past month. Residents and stakeholders noted challenges in obtaining mental health care, including that the spectrum of services is limited and that stigma may prevent individuals from seeking professional treatment. Populations that were disproportionately affected by behavioral health issues included children 0-5 and older adults, and Latino residents, residents of geographically isolated communities, and residents of Canal.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Marin County, substance abuse was identified as a concern, particularly with respect to misuse of prescription drugs. Among RxSafe Marin Survey respondents, 48.1% report that they feel it would be very or somewhat easy to obtain prescription pain, sleep, or calming medication from a doctor in their community. Among eleventh grade students, 48.7% self-report ever having been “high” from drug use (compared to 38.3% in California overall), and 16% report having used prescription painkillers for non-medical reasons (compared to 19% in California overall).

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who ranked this need high with respect to disparities/equity and ability to leverage organizational assets. This health need also aligns with regional Kaiser Permanente priorities.

4. Education

Educational attainment is strongly correlated with health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are more likely to live longer, practice healthy behaviors, experience better health outcomes, and raise healthier children.

In Marin County, English Language Learners are a population of particularly high concern with respect to educational attainment. Only 26% of tenth grade English Language Learners passed the California High School Exit Exam in English Language Arts (compared to 89% among all students in Marin County); only 37% passed in Mathematics (compared to 90% among all students in Marin County). For all students in the county, pressure to succeed academically and bullying in schools were also raised as issues of high concern.

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who emphasized the importance of this need with respect to disparities/equity and existing or promising practices. In discussion, the Contributions Committee

also emphasize that this need was highlighted in community data collected during the CHNA, and thus was important to address through implementation strategies to be responsive to the needs and priorities of community residents.

V. 2018 Year-End Results for KFH-San Rafael

A. 2018 Community Benefit Financial Resources Provided by KFH-San Rafael

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-San Rafael

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$10,831,811
Charity care: Medical Financial Assistance Program ^b	3,920,673
Grants and donations for medical services ^c	233,966
Subtotal	\$14,986,451
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$58,273
Grants and donations for community-based programs ^e	632,703
Community Benefit administration and operations ^f	216,492
Subtotal	\$907,468
Benefits for the Broader Community^g	
Community health education and promotion programs	\$1,401
Community Giving Campaign administrative expenses	16,248
Grants and donations for the broader community ^h	85,314
National board of directors fund	14,797
Subtotal	\$117,760
Health Research, Education, and Training	
Graduate Medical Education	\$123,238
Non-MD provider education and training programs ⁱ	1,160,742
Grants and donations for health research, education, and training ^j	32,143
Health research	577,949
Subtotal	\$1,894,072
Total Community Benefits Provided	\$17,905,752

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-San Rafael’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-San Rafael 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-San Rafael. 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 36 grants totaling \$360,785.64 that addressed Access to Care in the KFH-San Rafael service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 8,658 Medi-Cal members and 489 Charitable Health Coverage (CHC) members. And 3,068 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>Access to care programs: KFH San Rafael awarded \$40,000 in grants to improve access to care for vulnerable populations:</p> <p>A. \$20,000 was granted to RotaCare Clinic of San Rafael to provide free medical care to relieve the pain and suffering of those with the greatest need and the least access to health care resources. More than 600 patient visits were provided, and a new electronic health record/ practice management system was rolled out during the first quarter of grant funding.</p> <p>B. \$20,000 was awarded to La Luz Community Cares Program to provide wraparound support for Medi-Cal enrollment assistance in Spanish and access to clinical services through a partnership with local community clinics. This funding supports enrollment of more than 100 community members in Covered CA or Medi-Cal and provides free health care resources to more than 1,000 people.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>PHASE: Redwood Community Health Coalition (RCHC) received a three-year \$500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include developing a self-measured blood pressure monitoring program and facilitating peer sharing around quality improvement practices. RCHC is reaching more than 25,000 patients through PHASE; 74% of its patients with diabetes and 68% of patients with hypertension have their blood pressure controlled.</p> <p>Operation Access: Operation Access received a \$350,000 grant (even 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> <p>211: In 2018, United Way of the Bay Area received a \$95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the website. In the six Bay Area counties, it is expected that 211 staff will answer 50,000 calls and texts and 60,000 users will visit the 211 Bay Area website.</p>
Healthy Eating Active Living	In 2018, there were 19 grants totaling \$224,878.57 that addressed Healthy Eating Active Living in the KFH-San Rafael service area.	<p>Childhood Obesity: \$50,000 in grant funding was provided to two local nonprofits addressing childhood obesity prevention:</p> <ul style="list-style-type: none"> A. North Bay Children’s Center received a \$25,000 grant for its Garden of Eatin’ obesity prevention program, which has reached 85 NBCC teachers and staff, and 329 children and parents using a garden to table curriculum at early learning centers. B. Marin Child Care Council received a \$25,000 grant to recruit and coach 30+ HEAL champions in early childhood programs throughout Marin. The project will have a ripple effect, providing students, staff, and parents increased access to healthy high-quality foods, empowerment to make healthy choices, and an understanding that active living is an essential component of lifelong wellness.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>CalFresh: Redwood Community Health Coalition (RCHC) received a \$95,000 grant (even split with KFH-Santa Rosa) to increase CalFresh participation by building health center capacity for outreach and in-reach. To date, outreach efforts have included staff presentations to service providers, tabling at health hubs, senior events and farmers markets. RCHC expects to assist 5,000 health center patients who are enrolled in Medi-Cal to enroll in CalFresh.</p>
Mental Health & Wellness	In 2018, there were 14 grants totaling \$115,995.99 that addressed Mental Health and Wellness in the KFH-San Rafael service area.	<p>Substance abuse prevention: Youth Leadership Institute (YLI) received \$30,000 to address alcohol, tobacco, and other drug prevention in youth populations with a special focus on cannabis, parent norms, and vaping. This project reaches YLI coalition members, San Rafael parents and youth, decision makers and youth leaders from across Marin County through coalition work and peer-to-peer education.</p> <p>Substance abuse prevention: Huckleberry Youth Programs of Marin received \$30,000 to support its substance misuse prevention and reduction programming. By the end of the grant period, Huckleberry will have reached 1,125 Marin youth with vital prevention education and engaged 50 youth in brief intervention, outpatient treatment, and/or mental health services to reduce and/or eliminate use.</p> <p>Stigma: North Marin Community Services (NMCS) received a \$90,000 grant to implement a Spanish-language stigma-reduction media campaign and to train community influencers to educate Latino men about the role of mental health in overall health. NMCS expects to train 50 Latino community influencers to provide education and referrals to low-income Latinos and plans to reach 15,000 Latinos through online and print media campaigns with the goal to reduce stigma and increase access to mental health services.</p>
Education	In 2018, there were 68 grants totaling \$294,291.69 that addressed Education in the KFH-San Rafael service area.	<p>Financial aid: 10,000 Degrees received \$20,000 to support its College Access Program, which has served approximately 60 high school seniors at San Rafael and Terra Linda high schools. In addition, more than 1,400 students and families in San Rafael School District received financial aid workshops, including Free Application for Federal Student Aid (FAFSA) and Dream Act application completion workshops as well as college information workshops.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Early childhood education: Community Action Marin received \$38,610 to support the Early Childhood Education Community Workforce Project (ECECWP), an alliance to help incoming early childhood education teachers advance professionally and academically through a variety of supports. More than 15 community members will complete the education required to be hired in this field.</p> <hr/> <p>University prep: Canal Alliance received \$20,000 for its University Prep (UP!) program. In Spring 2018, UP! celebrated the graduations of all nine of its high school seniors who will attend the following schools in the 2018-2019 school year: Biola University, Humboldt State University, Sacramento State University, San Francisco State University, Santa Rosa Junior College, and University of California Merced. UP! will continue its successful middle and high school programs, with 76 participating students, during the 2018-2019 school year.</p>