



Kaiser Foundation Hospital – Northern California Region

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

SOUTH SACRAMENTO

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)-South Sacramento

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I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

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

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

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

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

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

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

A. Kaiser Permanente’s Definition of Community Served

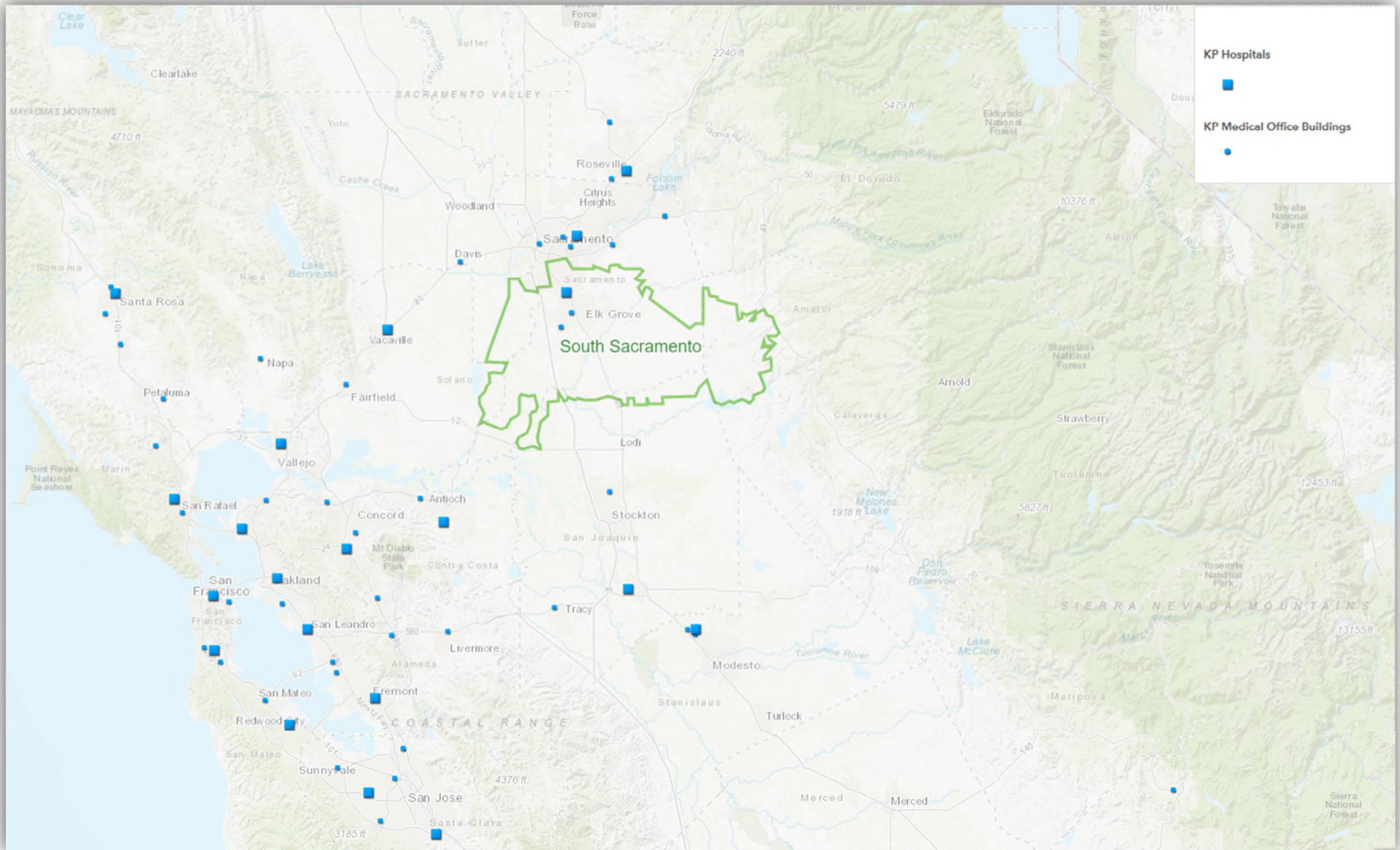
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-South Sacramento

Total Population	474,613
White	45.3%
Black/African American	12.5%
Asian	23.9%
Native American/ Alaskan Native	0.8%
Pacific Islander/ Native Hawaiian	1.7%
Some Other Race	8.0%

Multiple Races	7.7%
Hispanic/Latino	26.9%
Total Living in Poverty (<100% FPL)	19.2%
Children Living in Poverty	26.6%
Unemployment Rate	3.8%
Uninsured Population	10.7%
Adults with No High School Diploma	18.8%

C. Map and Description of Community Served by KFH-South Sacramento



The KFH-South Sacramento service area comprises a large part of Sacramento County, including the cities of Sacramento, Elk Grove, and Galt, and a portion of Amador County.

IV. Description of Community Health Needs Addressed by KFH-South Sacramento

KFH-South Sacramento'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-South Sacramento 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-South Sacramento 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 to 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-South Sacramento service area. Sixteen of 32 indicators (50%) related to access to high-quality health care and services, including maternal, child and infant health, and oral/dental services compare unfavorably to state benchmarks. A greater percentage of individuals in the KFH-South Sacramento service area receive public insurance and Medicaid compared to state benchmarks and there are significant racial/ethnic disparities in rates of uninsured individuals. Nearly all key informants and focus groups identified access to health care or drivers related to access to care as needs during primary data collection.

Access to Care strongly met all the 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 (HEAL)

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 to 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-South Sacramento service area, with 16 of 30 indicators (53%) related to healthy eating and active living perform poorly compared to state benchmarks. The mortality rate due to diabetes is greater in the South Sacramento service area than the state as a whole. There are many racial/ethnic disparities in HEAL indicators including youth obesity and overweight, youth physical activity, fruit and vegetable consumption, and breastfeeding. A lack of access to healthy food and abundance of unhealthy food was frequently mentioned by community members and service providers as barriers to healthy eating.

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 to 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 of individuals with substance use disorders as well as their children and families.

Behavioral Health is a significant health need in the KFH-South Sacramento service area. Six of 13 indicators (46%) pertaining to mental health and nine of 12 indicators (75%) pertaining to substance abuse compared unfavorably to state benchmarks. The KFH-South Sacramento service area has a higher suicide rate, higher rates of emergency department visits for mental health conditions and self-inflicted injury, and higher hospitalization rates for mental health conditions compared to the state. Community residents frequently mentioned depression and anxiety as significant mental health issues.

Behavioral Health strongly met nearly 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 to Community and Family Safety for the IS. Community and Family Safety contribute 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 abuse 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-South Sacramento service area. Fifteen of 26 indicators (58%) pertaining to violence and safety perform poorly compared to state benchmarks. The combined rate of all violent crimes, including homicide, rape, robbery, and aggravated assault, was significantly higher in the KFH South Sacramento service area compared to the state. In addition, there is a high rate of school suspensions for youth, and high emergency department visit and hospitalization rates for substance abuse compared to the state. Black residents experience higher level of death by homicide compared to other racial/ethnic groups. Nearly all community members and key informants mentioned community and family safety as a health need.

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

V. 2018 Year-End Results for KFH-South Sacramento

A. 2018 Community Benefit Financial Resources Provided by KFH-South Sacramento

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-South Sacramento

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$47,637,899
Charity care: Medical Financial Assistance Program ^b	9,907,993
Grants and donations for medical services ^c	530,072
Subtotal	\$58,075,964
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$64,100
Grants and donations for community-based programs ^e	1,108,896
Community Benefit administration and operations ^f	320,788
Subtotal	\$1,493,784
Benefits for the Broader Community^g	
Community health education and promotion programs	\$2,076
Community Giving Campaign administrative expenses	24,076
Grants and donations for the broader community ^h	106,570
National board of directors fund	21,926
Subtotal	\$154,649
Health Research, Education, and Training	
Graduate Medical Education	\$2,341,951
Non-MD provider education and training programs ⁱ	590,996
Grants and donations for health research, education, and training ^j	32,143
Health research	856,377
Subtotal	\$3,821,467
Total Community Benefits Provided	\$63,545,863

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-South Sacramento’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-South Sacramento 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-South Sacramento. 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 42 grants totaling \$502,701.80 that addressed Access to Care in the KFH-South Sacramento service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 32,533 Medi-Cal members and 370 Charitable Health Coverage (CHC) members. And 8,439 individuals received Medical Financial Assistance (MFA).</p> <p>Access to care and coverage: Sacramento Covered received \$50,000 (even split with KFH-Sacramento) for its access to care project that helps underserved Sacramento County communities, including those with limited English proficiency, access and utilize health care services by ensuring they are enrolled in and maintain their health coverage, coordinate primary care and specialty care services, and mitigate specific barriers to care through health education and referrals to social non-medical services. Sacramento Covered screened 1,108 unduplicated individuals for health coverage and provided 2,063 total health navigation services. This included 334 new health coverage enrollments, 361 health coverage renewals, 1,023 health coverage maintenance services, 71 individuals scheduled for primary care appointments, and 105 referred to non-medical services.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>PHASE: Elica Health Centers (Elica) received a three-year \$150,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include using PHASE as a vehicle for organizational practice transformation. Through PHASE, Elica is reaching nearly 2,500 patients, and 61% of its patients with diabetes 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 staff have received 2,432 calls, with 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>Case management: WellSpace Health was awarded a \$99,000 grant for its T3 (Triage, Transport, Treatment) South Sacramento program, which identified 45 new frequent ED utilizers and engaged them in appropriate primary and preventive care as an alternate to excessive ED use. All 45 clients were connected to temporary housing and nine clients successfully obtained permanent housing. And 41 clients who were helped because of 2017 funding are still actively receiving case management services. Transportation to medical/mental health appointments and other community services was provided 195 times. The case manager worked to connect all patients with a medical home, resulting in 107 medical appointments and 23 mental health appointments, and a decrease in non-emergency room use.</p>
Healthy Eating Active Living	In 2018, there were 21 grants totaling \$324,515.62 that addressed Healthy Eating Active Living in the KFH-South Sacramento service area.	<p>Walking program: Health Education Council (HEC) was awarded a \$55,240 grant (even split with three KFH hospital service areas) for Walk with Friends (WWF), which was designed to increase neighborhood cohesion through healthy eating and active living. HEC expanded this community walking and produce distribution program to seven sites (four schools and three community parks) in the Sacramento Region and is serving more than 3,350 actively participating households. Each week, WWF brings adults together to stretch, walk, and talk with other community members. HEC also developed formal agreements with the Sacramento and Yolo county food banks, which provided more than 50,596 pounds of fresh fruits and vegetables to participants overall.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>CalFresh: Sacramento Food Bank & Family Services (SFBFS) received a \$95,000 grant (even split with KFH-Sacramento) to increase enrollment in and use of CalFresh, by convening stakeholders, training partner agencies, and targeting outreach in zip codes with low CalFresh participation. To date, SFBFS has trained three new partners to help with outreach and application assistance. SFBFS has screened 211 individuals and submitted 173 CalFresh applications, of which 75 were approved.</p> <p>Parks: Health Education Council (HEC) received a \$75,000 grant to revitalize Nielsen Park by implementing community-identified improvements designed to increase safety and provide opportunities for physical activity and recreation. More than 100 residents provided recommendations to the City of Sacramento regarding park structural improvements. Renovations are currently underway to the play structures, picnic areas, and water fountains. Utilization of the park is expected to increase by 50% after the renovations are completed.</p>
Mental Health & Wellness	In 2018, there were 28 grants totaling \$512,744.61 that addressed Mental and Behavioral Health in the KFH-Sacramento service area.	<p>Stigma: Elk Grove Unified School District received a \$90,000 grant to provide LGBTQ students in Elk Grove and South Sacramento with mental health and stigma reduction programming. This effort is designed to create a more equitable and inclusive learning environment that responds to the unique needs of LGBTQ students, resulting in stigma reduction and improved mental health and wellness supports for LGBTQ students.</p> <p>Resilience: Sacramento City Unified School District received a \$98,000 grant to continue developing a trauma-informed school environment at John Still School by providing mental health screenings and services for students, workshops for students and teachers, and adopting a model of restorative practices schoolwide. To date, 44 students have received counseling, 120 students participated in in-class workshops on stress management, and 280 students participated in a school-wide social emotional learning intervention.</p> <p>Mental health programs for homeless youth: WIND Youth Services was awarded a \$30,000 grant (split with KFH-Sacramento) for its Connections Program for homeless youth. During the grant term, 145 youth were immediately connected to WIND's mental health program, receiving weekly case management support, including mental health and behavioral health services. Among the outcomes, 88% of youth reported increased capacity to manage mental/behavioral health systems, 94% reported feeling safer, and 96% reported feeling less alone.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Connection to services: Sacramento City Unified School District (SCUSD) received \$50,000 to support Connect Center, which provides a single, easily identifiable point of access and assistance to address the social, emotional, and health needs of all students and families, as well as ongoing training on student health and wellness to parents, families, and SCUSD staff. Outcomes include 156 referrals made for health insurance enrollment; 40 for health navigation; 384 for case management/support services; and 475 for mental health, support groups, crisis, alcohol and drug counseling services. Nine health insurance outreach events were conducted at schools and community health fairs, and through Health Action Team meetings. Overall, substantial increases were seen in student and family access to social/emotional and mental health care services, health coverage and navigation, and health education, in addition to awareness of issues affecting student health and wellness.</p>
Community & Family Safety	In 2018, there were 24 grants totaling \$408,721.00 that addressed Community and Family Safety in the KFH-South Sacramento service area.	<p>Violence Prevention: WellSpace Health received a \$200,000 grant (even split with KFH-Sacramento) to implement the Sacramento Violence Intervention Program (SVIP). Youth 15 to 26 who are admitted to Kaiser Permanente's South Sacramento Trauma Center with injuries related to violence receive case management and linkage to services. The goal of SVIP is to reduce the number of re-injuries due to violence. To date, SVIP has mentored and provided after-care services for more than 75 patients and families affected by violence.</p> <p>Firearms: Safe Passages received a four-year \$400,000 grant (even split with KFH-Sacramento) to implement Advance Peace Sacramento, a project that reduce firearm assaults in three Sacramento California communities by providing resources to firearm offenders. The expected outcome includes a 50% reduction in firearm assaults over five years. To date, 75 fellows have been enrolled in the Peacemaker Fellowship, which provides participants with support to develop a life plan and work towards educational, professional, and personal goals.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Neighborhood programs: ReIMAGINE Mack Road Partnership received \$75,000 for its ReVITALIZE Community Project to improve health and well-being through vibrant, neighborhood-focused programs that bring hope and positive change to the Valley-Mack community. Sacramento Summer Night Lights provided alternative outdoor activities that included entertainment, group play, poem and narrative writing, dance, positive interactions with law enforcement, organized sports, music, and arts and crafts for 11,019 participants. In addition, meals were served to 1,840 adults and 4,983 children from low-income neighborhoods. Mack Road-Valley Hi Community Center provided a safe place and afterschool activities for 5,160 children and youth. Market-Match provided fresh, reduced-cost produce at farmers market for CalFresh families, matching \$1,736 for those with EBT. An average of \$478.27 of produce was sold at each market for a total of 5,061 lbs. of produce. According to surveys, 88% of shoppers were satisfied with the market and 77% increased their consumption of fresh food. Overall, this grant reached 18,900 people.</p> <p>Intimate partner violence: WEAVE was awarded a \$40,000 grant to provide legal aid and safe shelter to victims of intimate partner violence (IPV). Of the 276 victims who received 17,177 bed nights, 123 were children and 153 were adults. In addition, WEAVE provided support, safety planning, and referrals to 13,410 callers via its 24/7 support and information line. WEAVE operates two confidential shelters for IPV victims: Safehouse is located on WEAVE's residential campus and Open House consists of five one-bedroom apartments where residents access supportive services through WEAVE's Midtown Counseling Center and a client services representative is also onsite in the evening and through the night.</p>