



Kaiser Foundation Hospital – Northern California Region

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

VACAVILLE

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)-Vacaville

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-Vacaville 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-Vacaville

V. 2018 Year-End Results for KFH-Vacaville

- A. 2018 Community Benefit Programs Financial Resources Provided by KFH-Vacaville
- B. 2018 Examples of KFH-Vacaville 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		Anaheim	
Fremont		Baldwin Park	
Fresno		Downey	
Manteca		Fontana	
Modesto		Irvine	
Oakland		Los Angeles	
Redwood City		Moreno Valley	
Richmond		Ontario	
Roseville		Panorama City	
Sacramento		Riverside	
San Francisco		San Diego	
San Jose		South Bay	
San Leandro		West Los Angeles	
San Rafael		Woodland Hills	
Santa Clara			
Santa Rosa			
South Sacramento			
South San Francisco			
Vacaville			
Vallejo			
Walnut Creek			
Northern California Total		Southern California Total	

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-Vacaville Community Served

A. Kaiser Permanente’s Definition of Community Served

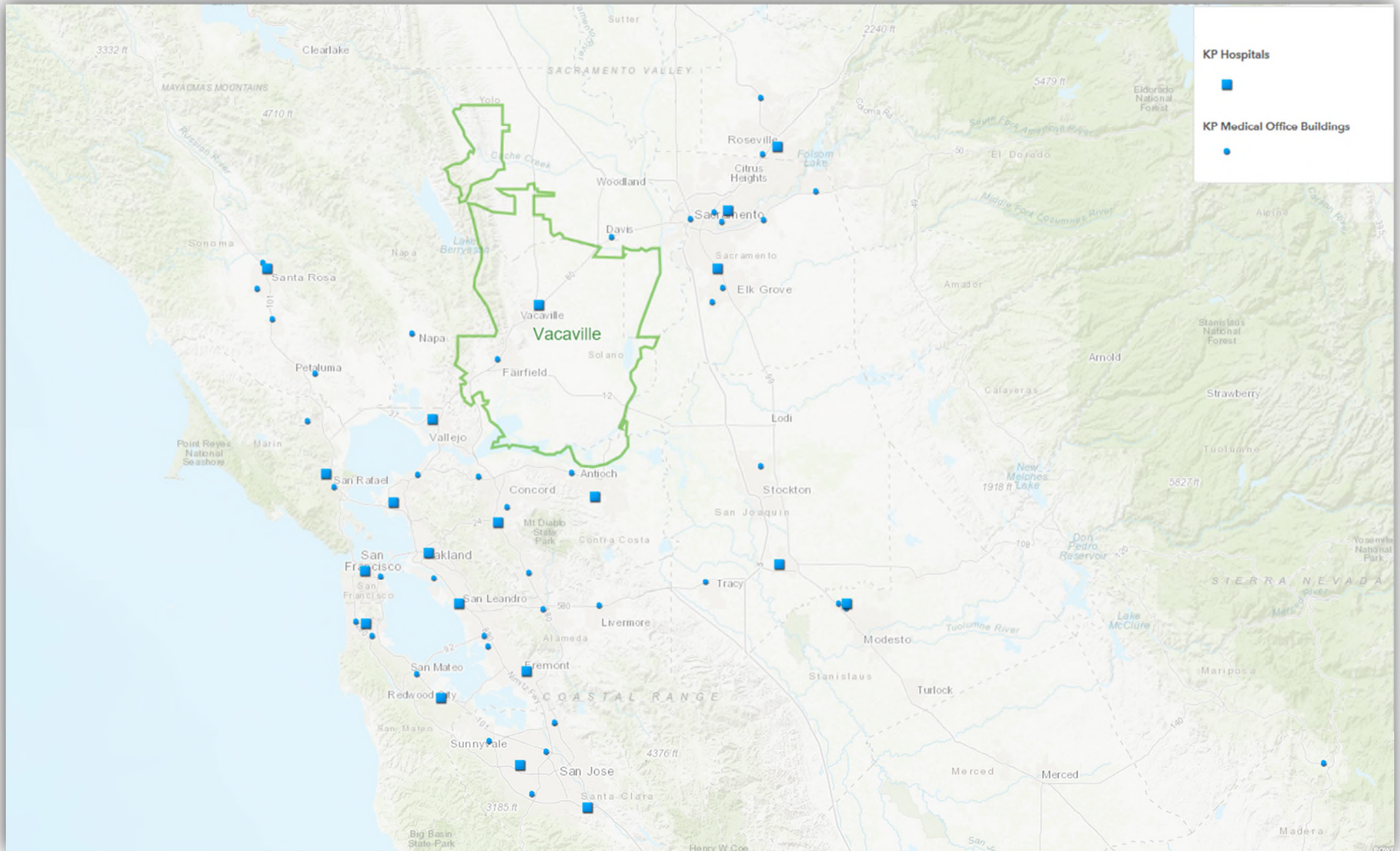
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	287,540
White	56.7%
Black/African American	11.5%
Asian	11.7%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.8%
Some Other Race	11.6%

Multiple Races	7.3%
Hispanic/Latino	27.4%
Total Living in Poverty (<100% FPL)	11.3%
Children Living in Poverty	16.6%
Unemployment Rate	3.9%
Uninsured Population	8.5%
Adults with No High School Diploma	13.5%

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



The KFH-Vacaville service area includes the Solano County communities of Dixon, Elmira, Fairfield, Rio Vista, Suisun City, Vacaville, and Winters. The KFH-Vacaville hospital is centrally located along the Interstate 80 corridor in Solano County and intersects with Interstate 505.

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

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

1. Healthy Eating, Active Living

In the KFH Vacaville service area, an estimated 28.8% of adults are obese; among youth, 20.3% are obese. In primary data collection, obesity was noted as an issue in Solano County as a result of unhealthy eating options, lack of safe places for physical activity, and lack of knowledge about nutrition. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria.

2. Access to Care and Coverage

The 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 implementation of the ACA, many adults have access to insurance coverage and regular health care. However, disparities persist. Premiums for health insurance remain high, many providers do not accept Medi-Cal or have long waiting lists, and community members express challenges in understanding and navigating the health care system.

KFH Vacaville has prioritized this health need because it received a high score across all selection criteria, most notably with respect to KP expertise.

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 was raised as a high concern in the 2016 CHNA. Most notably, KFH Vacaville service area residents have a high risk of suicide. The suicide rate in the service area is 12.6 per 100,000 residents. Among residents in the service area, 14.2% need mental health care.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In the KFH Vacaville service area, substance abuse was identified as a concern in the 2016 CHNA, particularly with respect to alcohol consumption. Among adults, 18.6% of residents report heavy alcohol consumption. Community members reported that crack, crystal meth, alcohol, and tobacco are the substances that they see or hear most about in Solano County.

KFH Vacaville has selected to prioritize this health need at the recommendation of the Contributions Committee, who scored this health need high with respect to criteria including CHNA prioritization, evidence of disparities, organizational leverage, and existing or promising practices.

4. Community and Family Safety

Community and family safety includes violence by community members or law enforcement, as well as domestic violence and abuse. In the KFV Vacaville service area, community members visit the emergency department at a rate of 418.9 visits per 100,000 people as result of assault, and 16.6 visits per 100,000 people because of domestic violence. Homicide is disproportionately affecting African American residents, with 25.8 African Americans residents dying due to homicide per 100,000 residents.

KFH Vacaville has selected to prioritize this health need at the recommendation of the Contributions Committee, who scored this health need high with respect to several criteria including disparities/equity, and in response to community data collected during the CHAN that emphasizes the importance of this health need.

V. 2018 Year-End Results for KFH-Vacaville

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

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-Vacaville

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$19,588,563
Charity care: Medical Financial Assistance Program ^b	5,489,446
Grants and donations for medical services ^c	273,105
Subtotal	\$25,351,115
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$29,137
Grants and donations for community-based programs ^e	722,819
Community Benefit administration and operations ^f	224,118
Subtotal	\$976,073
Benefits for the Broader Community^g	
Community health education and promotion programs	\$1,451
Community Giving Campaign administrative expenses	16,821
Grants and donations for the broader community ^h	59,681
National board of directors fund	15,318
Subtotal	\$93,271
Health Research, Education, and Training	
Graduate Medical Education	\$988,412
Non-MD provider education and training programs ⁱ	163,595
Grants and donations for health research, education, and training ^j	32,143
Health research	598,307
Subtotal	\$1,782,457
Total Community Benefits Provided	\$28,202,916

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 KFHVacaville’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 KFHVacaville 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 KFHVacaville. 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 30 grants totaling \$280,823.30 that addressed Access to Care in the KFHVacaville service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 15,458 Medi-Cal members and 197 Charitable Health Coverage (CHC) members. And 4,834 individuals received Medical Financial Assistance (MFA).</p> <p>Navigation: KFHVacaville awarded a \$25,000 grant to OLE Health to implement the access and care coordination program. Care coordinators (CCs) will support patients, especially those who are least equipped to navigate the health care system, in effectively managing their medical and psychosocial conditions for improved health outcomes. Thus far, CCs have assisted 2,869 patients.</p> <p>Enrollment: KFHVacaville awarded a \$50,000 grant to Solano Coalition for Better Health to strategically embed staff throughout Solano County to provide culturally sensitive outreach and enrollment services for those in need. A team of health access specialists provide education on the importance of staying linked to health coverage, avoiding disruption in services, and accessing preventive care. More than 700 families have been educated year to date.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Operation Access: Operation Access received a \$350,000 grant (split with 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. Overall, 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.</p> <hr/> <p>PHASE: Community Medical Centers (CMC) received a three-year \$150,000 grant (even split with KFH-Manteca) to support the successful use of PHASE among health center organizations. Strategies include strengthening CMC’s team-based care approaches and implementing a QI coordinator model to support individual sites. CMC is reaching more than 15,000 patients through PHASE; 77% of its patients with diabetes and 72% of patients with hypertension have their blood pressure controlled.</p>
Healthy Eating Active Living	in 2018, there were 21 grants totaling \$265,795.24 that addressed Health Eating Active Living in the KFH-Vacaville service area.	<p>CalFresh: Food Bank of Contra Costa & Solano received a \$95,000 grant (even split with five KFH hospital service areas) to increase CalFresh enrollment with a focus on Medi-Cal recipients, WIC clients, Latinos, seniors, and families with children in low-income school districts. To date, the Food Bank has screened 194 individuals for CalFresh eligibility and submitted 133 applications. Of those, 47 were approved.</p> <hr/> <p>Parks: Play 4 All Park, Inc. received a \$125,000 grant (even split with KFH-Vallejo) to support the creation of an inclusive park facility that serves children of all abilities and disabilities, ensuring that children have a safe place to play. The park will include two dog parks, two baseball fields, a splash pad, and an 8,000 square-foot play structure. Once completed, it is expected that parents and families will travel to this park from all over Solano County because of the unique play facilities.</p> <hr/> <p>Recreation programs: KFH-Vacaville awarded Fairfield Community Services Foundation a \$15,000 grant for its Fun on the Run program, which brings quality recreation and enrichment programs directly into Fairfield’s most isolated neighborhoods, annually serving more than 1,400 children 4 to 15. Three Fun on the Run vehicles staffed by youth development professionals visit 15 sites during the school year and 20 sites in the summer.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Meals on Wheels: KFH-Vacaville awarded a \$20,00 grant to Meals on Wheels of Solano County, supporting the provision of nutrition meals to seniors who are home-bound and at-risk throughout Solano County. For many seniors, this is their only daily meal and only interaction with another person. Providing a healthy, balanced meal reduces senior malnutrition and food insecurity, while promoting independence and socialization. Through this funding, more than 50,000 meals have been provided and a wait list of 125 people has been eliminated.</p>
Behavioral Health	<p>In 2018, there were 20 grants totaling \$256,269.86 that addressed Mental Health and Wellness in the KFH-Vacaville service area.</p>	<p>Stigma: County of Solano Office of Family Violence Prevention (OFVP) received a \$90,000 grant (even split with KFH-Vallejo) to increase its capacity to respond to individuals within the Latino and African American communities who are victims of intimate partner violence (IPV). OFVP expects to reach 120 IPV survivors through outreach, awareness, trainings, and linkages to services. Because of the program, participants will be empowered to seek mental health care for IPV.</p> <p>Resilience: A Better Way–Berkeley received a \$98,000 grant (even split with KFH-Vallejo) to partner with Fairfield High School to promote student success and resilience by providing intervention/prevention services, training, and consultation on school policies. To date, a core group of 9 to 12 school staff have attended monthly trainings and 20 students have received trauma-informed treatment through individual and group counseling.</p> <p>Human trafficking: KFH-Vacaville provided a \$20,000 grant (even split with KFH-Vallejo) to 3Strands Global, Inc. to provide a trauma-informed education program to prevent human trafficking and to serve human trafficking victims. The program trained 1,100 educators, who support 25,000 students, in Solano County.</p> <p>Mental health services: Rio Vista Care received a \$22,000 grant to provide free and low-cost culturally-appropriate mental health and family support services to 175 at-risk, underserved, uninsured, low-income children, adults, and families in Rio Vista. Clients will receive crisis and problem resolution services and learn positive, healthy coping skills for improved functioning.</p>
Community & Family Safety	<p>In 2018, there were nine grants totaling \$157,500.00 that addressed Community and Family</p>	<p>Job readiness for youth: A \$25,000 grant to Vacaville Neighborhood Boys & Girls Club supports the Junior Staff program, which will help 50 youth develop job readiness and leadership skills and provide them with coaching strategies to assist in setting and attaining academic and career goals.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
	<p>Safety in the KFH-Vacaville service area.</p>	<p>Vocational skills: The Robby Poblete Foundation received a \$20,000 grant (even split with KFH-Vallejo) to raise awareness about, and provide training in, vocational skills to equip young adults who don't have plans to go to college and reentry individuals in Solano County with skills that are in high demand in the workforce. This program will conduct outreach to 65,000 Solano County residents, focusing on public high school juniors and seniors, adult and alternative school students, and Solano County Superior Court's parole reentry program participants.</p> <hr/> <p>Financial literacy and workforce skills: Junior Achievement of Northern California received a \$10,000 grant (even split with KFH-Vallejo) to support 250 low- to moderate-income middle and high school youth in Solano County develop financial literacy and 21st century workforce skills.</p>