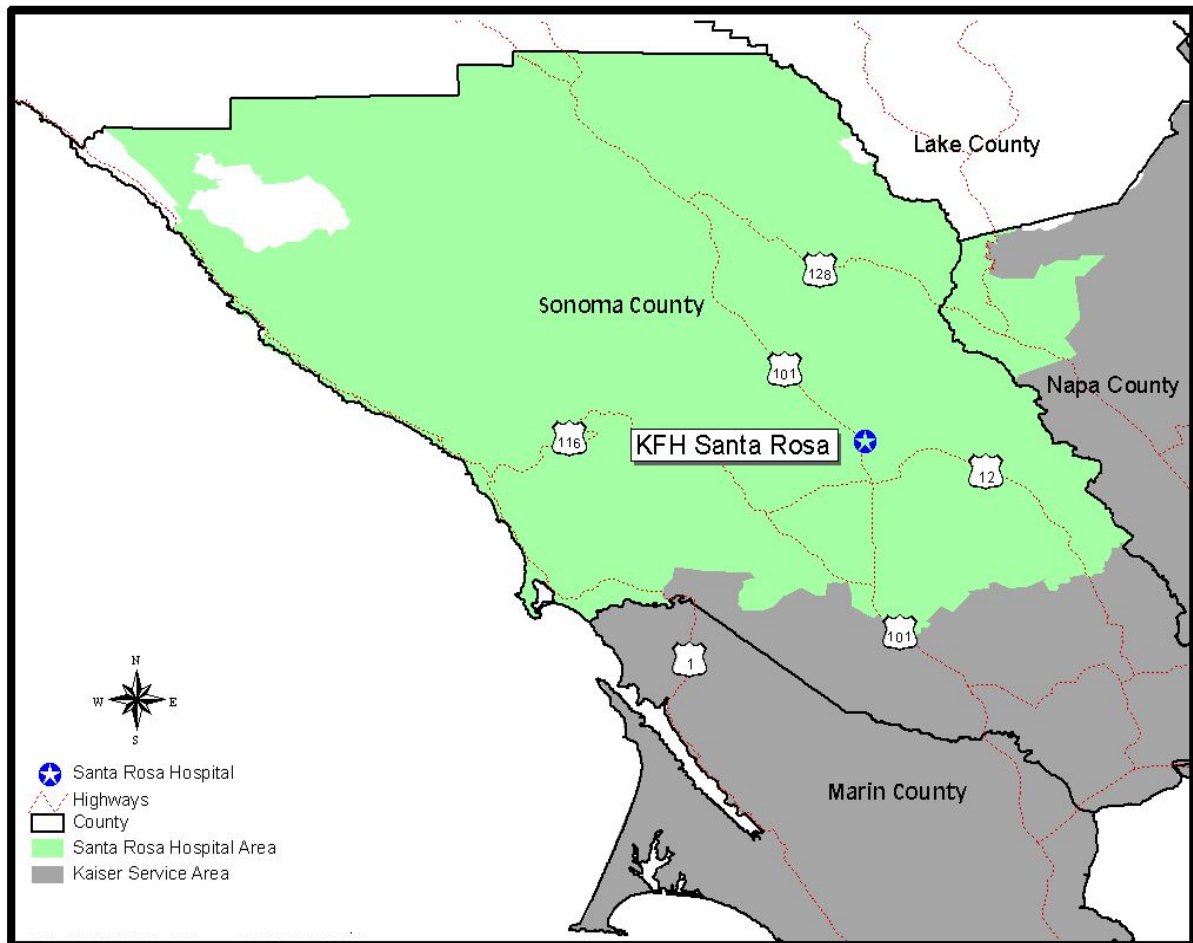


Hospital Facts

Year opened:	1990	Medical staff FTEs:	238
Total licensed beds:	117	KFH full-time equivalent personnel:	794
Occupancy 2007:	75.8%	ER visits 2007:	29,495
KFHP members in KFHP service area:	132,359	Independent residency programs 2007–2008:	1
Membership as % of total population:	75.8%	Affiliated residency programs 2007–2008:	1

Hospital Service Area

The KFHP-Santa Rosa service area comprises most of Sonoma County, except for a small southern portion in KFHP-San Rafael's service area that includes the city of Petaluma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, Sonoma, and Windsor.



Organizational Structure and Commitment to the Community

Kaiser Permanente understands that being a good community partner and corporate citizen is an essential quality that adds value to our communities. Social responsibility and community involvement are part of our legacy. They are integral to fulfilling our mission, which goes beyond caring for our members and calls for Kaiser Permanente to care for the communities where it serves and to strive to make them healthy places in which to live and work.

KFH-Santa Rosa continues to demonstrate the Kaiser Permanente mission through corporate programs, hospital-sponsored activities, and the volunteer efforts of physicians and staff. Charitable activities are guided by the needs assessment that is conducted collaboratively with other community hospitals, county offices, and community agencies every 3 years.

KFH-Santa Rosa is part of Kaiser Permanente Northern California Region's Marin-Sonoma Area, which also includes KFH-San Rafael. The management team at KFH-Santa Rosa is committed to enhancing the health and well-being of the community it serves and has an integral role in working to provide community benefit to communities in the service area. The following are some of the leaders at KFH-Santa Rosa, many of whom are key stakeholders in Community Benefit decision making at the local level.

KEY LEADERSHIP AT KAISER FOUNDATION HOSPITAL - SANTA ROSA

<u>Name</u>	<u>Title</u>
Judy Coffey	Senior Vice President and Area Manager
Susan Janvrin	Chief Operating Officer
Connie Giuliano	Area Finance Officer
Robert Schultz, MD	Physician-in-Chief
Guy Chicoine	Medical Group Administrator
Carl Campbell	Public Affairs Director
Andrea Michelsen	Community Benefit/Community Health Manager

By focusing on the priority needs outlined in the KFH-Santa Rosa 2008–2010 Community Benefit Plan and through partnerships developed with community-based organizations, schools, and government agencies, efforts implemented in the Marin-Sonoma Area address a variety of issues and concerns that affect the overall health and well-being of its communities. The following pages describe the KFH-Santa Rosa 2008–2010 Community Benefit Plan and many of the grants, programs, and community activities that were provided in 2007.

THE 2007 COMMUNITY NEEDS ASSESSMENT—PROCESS AND RESULTS

DESCRIPTION OF THE COMMUNITY

The KFH-Santa Rosa service area covers most of Sonoma County, except for Petaluma, the town of Sonoma and its surrounding area. Located about 50 miles north of San Francisco, Sonoma County is home to a population that is rapidly approaching one-half million residents. The county is a mix of urban and rural: most of its population resides within nine incorporated cities, yet a significant number live in relatively isolated rural areas in the county's northern and western regions. In 2006, Sonoma County had the 17th largest population of California's 58 counties, 480,000 residents. Santa Rosa, the county seat and largest city, has one-third of the total county population and ranks as the 30th largest city in the state.

Although its racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole: more than 70% of Sonoma County residents are White 19% are Latino. Sonoma County's Latino population is the fastest-growing ethnic group with a growth rate of 8% per year—nearly double the growth rate of the rest of the population at 4.2%. This is projected to increase the Latino percentage of the total population to 21% by 2010 and to 23% by 2020. The Latino age demographic is slightly different from that of non-Hispanic Whites, with thirtysomethings representing the largest age cohort at 19% (compared to baby boomers).

According to the U.S. Census Bureau, Sonoma County's 60 and older population has grown from 16.6% in 2004 to 17.7% in 2006. The elderly are a higher proportion of the county population than in California overall, and this segment is growing quickly enough to be considered a "human tidal wave," as baby boomers age into retirement. For example, the 85 and older group is growing at an accelerating rate of 64.7%, compared to the entire county's population growth of 18%. The Department of Finance (as quoted in *Living Longer*) estimates continued high rates of growth for the senior population by 2020: "The demand for service and health care is expected to increase as the population of Sonoma County ages."

Almost one-quarter (23.8%) of Sonoma County's population is under 18, one-third of whom (6.9%) are younger than school age (0 to 5). In 2001, more than 20% of the population was made up of adolescents 10 to 24, with 20% of this cohort of Latino descent. By 2020, the Latino teen population is expected to grow by 62%, compared to 10% growth in the number of teens overall.

The poverty rate in Sonoma County has been steadily rising. Between 1989 and 2006, it rose from 7.6% to 9.9%. However, the county's 2006 percentage is below the California average of 13.1% and is lower than other California counties with similar or larger populations.

2007 COMMUNITY NEEDS ASSESSMENT

The 2007 community needs assessment was developed under the leadership of the Sonoma Health Alliance's Community Health Improvement Committee (CHIC), which includes representatives from KFH-Santa Rosa, Sutter Medical Center, St. Joseph's Health System, and Sonoma County Health Department Prevention and Planning Division. These partners have collaborated previously on needs assessments to address several significant community health issues—prevention of dangerous falls by seniors, the lack of diversity in the health care workforce, and the need for immunization clinics.

The collaborative chose to take a more targeted approach and concentrate on the issue of children's health, with a focus on prevention efforts as a way to invest in the future of our community, and recognize that children are both a treasure and a responsibility. The Assessment's theme—Windows of Opportunity, a Lifetime of Health—embraces the notion that there are multiple opportunities to intervene and make positive change to address problems that affect children. But this requires taking action during windows of opportunity—those unique stages of life when children are growing and their

brains and bodies are developing. All the collaborators believe that, by seizing these opportunities, the whole community benefits as the children grow up to be healthy community members, workers, and parents.

The collaborative contracted with consultants Suzie Shupe and Babs Kavanaugh to produce the report. In addition, KFHSanta Rosa commissioned Ms. Shupe to do an additional assessment of general demographics and trends in health for vulnerable populations in the county.

METHODOLOGY AND APPROACH

In approaching its work, the collaborative utilized the Spectrum of Prevention, a fundamental public health model that acknowledges the broad range of factors that play a role in health. For example, in addition to individual drinking behavior, policy, legislation, and organizational practice are powerful influences that shape a person's attitudes about drinking. Although important, strengthening someone's skills and knowledge alone may not be sufficient to prevent unhealthy, disease-causing behavior. In other words, public health activities that focus exclusively on individual behavioral change isolated from broader community factors will have limited success. Any effort to improve the health of a community must be part of a comprehensive, coordinated effort that addresses many aspects, including policies, programs, and organizational practices.

Development of the 2007 needs assessment was part of the community benefit planning process for the partner hospitals and was led by CHIC, with expert assistance from consultants, Ms. Shupe and Ms. Kavanaugh. A combination of primary and secondary data—local, statewide and national—was utilized to look at the health of children in the county. Data was presented and analyzed in monthly CHIC meetings.

SOLICITATION OF COMMUNITY INPUT

More than 20 key informant interviews were conducted with subject experts from community-based organizations, community health clinics, the county health department, Sonoma County Children's Commission (First 5 Sonoma County), Oral Health Access Coalition, United Way Family Impact Team, social service agencies, elected officials, and others. Many of these organizations have an important component of client/public representation on their coalition groups, commissions, and advisory panels. A focus group of key KFHSanta Rosa physicians and staff was also conducted.

KEY FINDINGS FROM NEEDS ASSESSMENT

Dental Health

- Tooth decay, both treated and untreated, is widespread in children.
- Low-income children and Hispanic/Latino children experience much higher levels of treated and untreated decay than other children.
- Children do not have access to fluoridated public water, the most effective public health measure to prevent oral disease.
- Children are not getting needed preventive dental visits.
- The need for immediate dental care to treat urgent problems from early childhood caries is high.
- Children are not receiving protective dental sealants in sufficient numbers.
- Many children do not have dental insurance, an important determinant of good oral health.

Overweight and Obesity

- Overweight and obesity are increasing in Sonoma County.

- Low-income children in Sonoma County are at higher risk for overweight and obesity.
- Sonoma County children are not consuming the daily recommended five servings of fruits and vegetables.
- Physical activity positively contributes to preventable illnesses.
- Food insecurity, defined as limited or uncertain access to nutritious foods, is linked to overweight.
- Sonoma County schools must be part of the solution to solving overweight and obesity, through education, physical activity programs, and established nutritional standards for foods offered in school.

Teen Alcohol, Tobacco, and Other Drug Use

- Alcohol is the leading drug used by Sonoma County youth.
- More young people reported using marijuana than tobacco in the past 30 days.
- Tobacco use increased for the first time in 6 years.
- Methamphetamine is a serious problem for some Sonoma County youth.
- Sonoma County teens exceed the state average for high-risk behaviors associated with alcohol.
- Motor vehicle crashes are the leading cause of death among teenagers. Alcohol use is a major contributor.
- Sonoma County needs more alcohol and other drug treatment programs for youth.

Prenatal Alcohol and Other Drug (AOD) Use

- Each year, roughly 600 children are born exposed to alcohol and other drugs in Sonoma County.
- Between 10% and 14% of pregnant women in Sonoma County use alcohol and other drugs (exclusive of tobacco).
- Drug use by pregnant women in Sonoma County is a major problem on par with or exceeding the national average.
- Alcohol is the most frequently used substance by pregnant women in Sonoma County.
- Marijuana is the illicit drug used most often by pregnant women in Sonoma County.
- Tobacco use during pregnancy is widespread—roughly one-fifth of pregnant women in Sonoma County smoke.
- AOD use is linked to child neglect and abuse, and child mortality.
- Sonoma County teens are at high risk for giving birth to a substance-exposed child.

General Trends and Vulnerable Populations

- The Latino population is growing at nearly double the growth rate of the population as a whole. Latina teenagers have the highest birthrate of any group in the county.
- Those 85 and older are the fastest growing group in the county. The demand for health and supportive services is expected to grow as this trend continues. The Area Agency on Aging identifies six key areas of need:
 1. Transportation that is accessible and reliable
 2. Access and awareness of services
 3. Affordable housing
 4. Affordable and accessible health care
 5. Services that enable seniors to remain living at home
 6. Reducing isolation

- Due to the success of Healthy Kids (part of the statewide Children's Health Initiative), insurance levels have increased dramatically. However, more than 33% of adults 18 to 24 lack health insurance. Nearly 25% of Latinos report having no insurance.
- Hunger is a factor in overall health. "Food Insecurity" among adults has increased from 27.1% to 33.1% over time.

SELECTION OF PRIORITY COMMUNITY NEEDS

KFH-Santa Rosa leadership and key medical center staff used summary data of general community health indicators to select the medical center's priorities. This included birthrates, access to health insurance, rates of selected communicable diseases, hunger, and the needs of seniors as identified in the 2006 Area Agency on Aging report, the needs assessment findings, findings from the key informant interviews. Criteria for selection included:

1. High potential for partnership with the community.
2. Addresses key indicators.
3. Best utilization of KFH-Santa Rosa's resources.

PRIORITY NEEDS IN THE SERVICE AREA

The overarching priority needs in the service area are:

1. Promote improvement in children's health status by addressing obesity through healthy eating and active living; improving oral health; reducing teen alcohol, drug and tobacco use; and reducing perinatal substance use.
2. Support community health centers and other safety-net providers that care for the underinsured and uninsured.
3. Support programs that increase access to care and coverage, as well as supportive services, for vulnerable populations.
4. Promote prevention services to improve the health and well-being of people living in the KFH-Santa Rosa community.

2008–2010 COMMUNITY BENEFIT PLAN

NEED I: PROMOTE IMPROVEMENT IN CHILDREN’S HEALTH STATUS BY ADDRESSING OBESITY THROUGH HEALTHY EATING AND ACTIVE LIVING; IMPROVING ORAL HEALTH; REDUCING TEEN ALCOHOL, DRUG, AND TOBACCO USE; AND REDUCING PERINATAL SUBSTANCE USE

Each of these four health problems is preventable, given adequate community effort and resources. Tooth decay is rampant in children, and higher in low-income and Latino children. Only 3% of the water in Sonoma County is fluoridated. Overweight and obesity are increasing in Sonoma County, with the prevalence of overweight doubling among preschool-aged children and adolescents. Teens in the county exhibit higher rates of alcohol risk and high risk behaviors than statewide counterparts. According to the California Healthy Kids Survey, tobacco use in students has increased for the first time in 6 years. As many as 14% of pregnant women use alcohol or other drugs during pregnancy. This has been identified as a top priority by the comprehensive Maternal and Child Health needs assessment conducted by Sonoma County.

2008 OBJECTIVE(S)

Support and collaborate in community efforts to improve the health status of children by:

1. Supporting efforts to commission a countywide survey of children’s oral health to track progress on this problem.
2. Continuing to support the Healthy Eating, Active Living Community Health Initiative (HEAL-CHI) in Southwest Santa Rosa, including KFH-Santa Rosa staff involvement in governance and working sector committees.
3. Supporting efforts which engage youth, parents, schools, governments and communities to promote youth health and prevent and reduce drinking and other substance use and its consequences.
4. Supporting efforts to reduce perinatal substance use.

Target Population

Children 0 to 18 and pregnant women.

Community Partners

Community partners include: Sonoma County Department of Health Services, Sonoma Health Alliance Community Health Improvement Committee (SHA-CHIC), Community Activity and Nutrition Coalition (CAN-C), Redwood Community Health Coalition and its network of health centers, Community Action Partnership, Family Action of Sonoma County, and Drug Abuse Alternative Center.

2008 Action Plan

1. As part of SHA-CHIC, develop and implement a countywide survey of children’s oral health.
2. Support and participate in HEAL-CHI sector groups and governance.
3. Support at least one program that engages the community in addressing the problem of youth alcohol and other drug use.
4. Support at least one program that addresses the problem of prenatal substance use.

Evaluation of 2008 Objective

KFH-Santa Rosa will document activities to identify community benefit services provided, including KFH-Santa Rosa participation, which impacted the health of youth. Mid-year and year-end reports will be required of all grantees.

NEED II: SUPPORT COMMUNITY HEALTH CENTERS AND OTHER SAFETY-NET PROVIDERS THAT CARE FOR THE UNDERINSURED AND UNINSURED

Within the KFH-Santa Rosa service area there are five community health centers, a family practice residency program, two free clinics, and two mobile vans. This network provides the majority of services to the uninsured, and Medi-Cal and Healthy Families members. They report increasing demands for services. Southwest Community Health Center is planning a major expansion of its facilities to address this growing demand. These clinics provide the safety net for vulnerable populations and are vital to health care access for a significant portion of the population.

2008 OBJECTIVE(S)

Continue to collaborate with health centers and other providers of care to facilitate access to health care services for uninsured and underinsured vulnerable populations by annually supporting two to four safety-net programs.

Target Population

Individuals and families at increased risk, including the uninsured, underinsured, and medically indigent; new immigrants; and low-income families.

Community Partners

Community partners include: Sonoma County Department of Health Services; Redwood Community Health Coalition and its network of health centers—West County Community Clinics, Southwest Community Health Center, Roseland Children's Health Center, Alliance Medical Center, Alexander Valley Health Center, Jewish Free Clinic, Santa Rosa Free Clinic, St. Joseph's Health System; and Operation Access.

2008 Action Plan

1. Support at least two to four programs or initiatives of safety-net clinics or other providers of care.
2. In concert with Kaiser Permanente Northern California Region's Community Benefit Safety Net team, develop a pilot MOU with at least one clinic to address access to Kaiser Permanente-specific services at KFH-Santa Rosa.

Evaluation of 2008 Objective

KFH-Santa Rosa will document activities to identify community benefit services provided, including KFH-Santa Rosa participation, which impacted the health of the community. Mid-year and year-end reports will be required of all grantees.

NEED III: SUPPORT PROGRAMS THAT INCREASE ACCESS TO CARE AND COVERAGE, AS WELL AS SUPPORTIVE SERVICES, FOR VULNERABLE POPULATIONS

Sonoma County continues to experience increased ethnic diversity. At a growth rate of 8% per year, the Latino population is the fastest growing ethnic group and is projected to be 21% of the population by 2010. Nearly a quarter of this population report having no health insurance. The county ranks in the bottom third of California counties for the number of children

without dental insurance. The elderly comprise a higher proportion of the county's overall population than in California. The 85 and older group is growing at an accelerating rate of 64.7%, compared to the entire county's population growth of 18%.

2008 OBJECTIVE(S)

Increase access to acute and preventive health care services for at-risk individuals, such as seniors, low-income individuals and families, ethnic minorities, and the uninsured. Annually support two to four programs to increase access to services for targeted populations.

Target Population

Individuals and families at increased risk, including the uninsured, underinsured, and medically indigent; new immigrants; and low-income families.

Community Partners

Community partners include: Sonoma County Department of Health Services; Redwood Community Health Coalition and its network of health centers—West County Community Clinics, Southwest Community Health Center, Roseland Children's Health Center, Alliance Medical Center, Alexander Valley Health Center, Jewish Free Clinic, Santa Rosa Free Clinic, St. Joseph's Health System; Community Action Partnership; and Operation Access.

2008 Action Plan

1. Collaborate as a major sponsor with United Way's "Neighbors in Health," which provides preventive and acute care to children 0 to 18, as well as assisting families to enroll eligible children in health coverage programs.
2. Key KFH-Santa Rosa staff participation on Healthy Kids leadership group and Managed Medi-Cal task force to support continued outreach efforts and expand access to health insurance at a local level.
3. Maintain supportive services for vulnerable elderly and/or immigrant populations.

Evaluation of 2008 Objective

KFH-Santa Rosa will document activities to identify community benefit services provided, including KFH-Santa Rosa participation, which impact the health of the community. Mid-year and year-end reports will be required of all grantees.

NEED IV: PROMOTE PREVENTION SERVICES TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE LIVING IN SONOMA COUNTY

As highlighted in the collaborative needs assessment and in KFH-Santa Rosa's additional assessment of general demographics and trends in health for vulnerable populations in the county, many of the health conditions of children are preventable with a concerted effort by health care providers and the broader community. Following the Spectrum of Prevention, collaborations must come together, using a range of strategies from individual behavior change to fostering coalitions and networks to influence policy and institutional practices.

2008 OBJECTIVE(S)

Continue to build on existing collaborative work around the needs of children, seniors, new immigrants, and other vulnerable populations. Annually support two to four programs that help toward this goal.

Target Population

Children, seniors, and low-income and new immigrant populations.

Community Partners

Community partners include: Sonoma County Department of Health Services; Redwood Community Health Coalition and its network of health centers—West County Community Clinics, Southwest Community Health Center, Roseland Children's Health Center, Alliance Medical Center, Alexander Valley Health Center, Jewish Free Clinic, Santa Rosa Free Clinic, St. Joseph's Health System; Community Action Partnership; and Operation Access.

2008 Action Plan

1. Continue to support and participate in Step Wise, a countywide collaborative working on fall prevention in the senior population.
2. Continue involvement in countywide flu immunization collaborative.
3. Support programs promoting prevention strategies throughout the community.

Evaluation of 2008 Objective

KFH-Santa Rosa will document activities to identify community benefit services provided, including KFH-Santa Rosa participation, which impact the health of the community. Mid-year and year-end reports will be required of all grantees.

2007 YEAR-END RESULTS: KEY ACTIVITIES AND ACCOMPLISHMENTS

NEED I: SUPPORT COMMUNITY CLINICS AND OTHER SAFETY-NET NETWORKS OF CARE

Sonoma County's two mobile clinics and seven community clinics, five of which are located within the KFH-Santa Rosa service area, report increasing demands for services in all geographic areas served. In particular, specialist care, dental health, and mental health services are in high demand for the county's vulnerable populations. The clinics provide a safety net and can help ensure access to preventive and acute health care services for those unable to access other care.

2007 OBJECTIVE(S)

Increase and strengthen partnerships with community clinics and other networks of care to increase health service access and capacity for vulnerable populations. Annually support at least two to four activities that will help increase access and clinic capacity for vulnerable populations.

2007 YEAR-END RESULTS

- Santa Rosa Free Clinic, a program of Catholic Charities located in the Family Support Center, is a shelter for families who are in danger of becoming homeless. It serves these residents, as well as an increasing number of immigrant laborers and homeless. It is also a training site for residents in the University of California San Francisco–affiliated Family Medicine Residency Program. A \$5,000 grant enabled the clinic to purchase medications that would otherwise be unaffordable to clients, upgrade equipment (refrigerator) for storage of medications, and to implement TB testing and pediatric vaccinations.
- Southwest Community Health Center (SWHC) serves more than 14,000 individual patients and provides more than 50,000 visits each year. Services include primary care, family planning and obstetrics, mental health, specialty care, community outreach, health education, and advocacy. Seventy-two percent of patients are Latino, primarily monolingual Spanish-speaking, and earn incomes at or below 200% of the federal poverty level. KFH Santa Rosa has a long history of collaboration with the health center and has supported it in several areas in 2007:
 - Kirk Pappas, MD, chief of Physical Medicine and Rehabilitation at KFH-Santa Rosa conducts a regular pain management clinic for SWHC patients and is available for telephone consultations with primary care physicians from SWHC. KFH-Santa Rosa ophthalmologists, Donald Rowell, MD, Douglas Vonbrauchitsch, MD, Shaun Brierly, MD, and Emil Shieh; and pediatric ophthalmologist Mark Jacobson, MD, see patients with vision problems on an ongoing basis.
 - SWHC received a \$20,000 grant to provide access to bilingual/bicultural mental health services at its Elsie Allen High School Health Center and at Roseland Children's Health Center, school-based clinics in Southwest Santa Rosa. This program eliminates many language and transportation barriers for families, and reduces the stigma of seeking mental health services by placing them into the general medical practice. The linking of mental health services to the emotional and educational success of children is an asset-based approach that fits with the mission of SWHC. There has been a very positive response from parents, school staff, and medical providers at these sites, since free services of this kind are nearly nonexistent for this population.
 - SWHC launched a capital campaign in 2007 to raise funds for a new clinic site in northwest Santa Rosa, an area with an increasing number of low-income residents. Kaiser Permanente Northern California Region supported this campaign with a \$250,000 grant. SWHC intends to co-locate with other private and county service agencies, offering a full range of health and wellness services, education, and support programs on one campus. When complete, it will allow SWHC to care for an additional 10,000 patients, provide dental care to

4,500 patients in the first year, ensure mental health services to 1,000 patients, and provide selected special services at the site. Technical assistance has been provided by KFH-Santa Rosa Director of Strategic Planning Linda Challoner.

NEED II: INCREASE HEALTH CARE SERVICES, INCLUDING ACCESS AND COVERAGE

As with other Bay Area counties, Sonoma County is experiencing increased ethnic diversity, as well as an increase in the number of new immigrants and people 65 and older. Changing demographics challenge the county's ability to provide adequate health care services (access and coverage). Families whose finances are stretched by housing costs have difficulty affording health care coverage. Senior caregivers report that gaps in coverage and medical care management are just two of the stresses they and the elderly face in their care. In the 2005 review process, community members consistently reported access to health coverage and services as challenges to the community. Recent research suggests that more than 8,000 county children are uninsured. For those adults and children with coverage, there are fewer primary and specialist providers accepting new patients.

2007 OBJECTIVE(S)

Increase access to acute and preventive health care services for at-risk individuals, such as seniors, the uninsured, low-income families, ethnic minorities, and new immigrants. Annually support at least two to four efforts to increase access to these services for targeted populations.

2007 YEAR-END RESULTS

- Drug Abuse Alternative Center's Perinatal Day Treatment Program received a grant of \$15,300 to increase access to services for women who are pregnant and using alcohol or other drugs. Information from local hospitals confirms that approximately 800 women give birth to drug-exposed babies each year. This 180-day treatment program, which includes child care, as well as individual and group counseling, has proven effective, and is the only such program in the county.
- KFH-Santa Rosa was again a major sponsor, at \$30,000, of United Way of Sonoma, Lake and Mendocino Counties' Neighbors in Health, a day of free health care for uninsured children in Sonoma County. The event successfully met its primary goals to provide preventive medical and dental care, diagnosis, treatment, and follow-up, and to connect children with health insurance by linking their families with application assistance. More than 500 children received kindergarten physicals, check-ups, eyeglasses, immunizations, and dental screening, including fluoride varnishes. Through a partnership with Redwood Empire Food Bank, another KFH-Santa Rosa grantee, more than 3,600 pounds of produce were distributed. Families participated in games and activities promoting healthy eating and active living, and enjoyed a complimentary lunch. Many children have subsequently been enrolled in health insurance as a result of connections made that day.

NEED III: OFFER PREVENTION SERVICES TO IMPROVE THE HEALTH AND WELL-BEING OF TARGETED POPULATIONS

Falls are the most frequent cause of injury and hospitalization for seniors. Prevention activities could significantly impact the quality of life for Sonoma County's elderly residents. Effective prevention focuses not just on individual risk factors, but also on environmental risks. KFH-Santa Rosa has made significant progress engaging community partners in a community-wide effort to develop and disseminate a fall-prevention program within the community. Nonetheless, recognizing that other vulnerable populations with other needs exist in this community, KFH-Santa Rosa expanded its focus to include violence prevention for youth and domestic violence.

2007 OBJECTIVE(S)

1. Increase awareness among seniors, families, and caregivers of the need for safe and healthy environments, and promote activities for seniors that assist in fall prevention. Annually support two to four efforts that seek to address this goal.
2. Increase awareness of the need to address violence and its effects on our community, especially children and youth. Annually support one or two efforts aimed at violence prevention in schools and communities.
3. Increase awareness of other vulnerable populations in the community such as victims of domestic violence, low-income children with mental health needs, and others who are underserved because of income, immigration status, or other factors.

2007 Year-End Results

- Grant funding in the amount of \$19,300 went to support two fall prevention programs, Safe Steps and A Matter of Balance, through the Sonoma County Area Agency on Aging. These programs are offered regularly at senior housing, senior centers, and other venues throughout the county, and the number of volunteer trainers is increasing. In addition, KFH-Santa Rosa provided in-kind support by making available the expertise of Omayi Water-Schemder, a KFH-Santa Rosa physical therapist, who will serve as a master trainer in the community. The programs and the collaboration across hospital systems and agencies have been nationally recognized as models to be replicated.
- A \$20,000 grant was given to Family Service Agency to support the Senior Peer Counseling Program, which helps homebound seniors deal with the developmental challenges of aging through both individual counseling and support groups. Professional staff from KFH-Santa Rosa, Fran Bailin, MSW, Eva Gratzinger, PhD, Maryellen Curran, PhD, Mickie Nelson, LCSW, Jim Taylor, PhD, Mike Miller, MD, and Astrid Ortega, FNP, all participate as trainers of the peer counselors. This program provides important services free of charge for many seniors who otherwise would not have access to the services offered. It fills a gap for those who are not eligible for subsidized mental health services.
- United Against Sexual Assault is the comprehensive provider of services in Sonoma County for sexual assault victims, their families, and significant others. A \$20,000 grant to its Youth Empowerment Program (YEP) is helping create a community, through prevention education, where all Sonoma County youth can develop as healthy individuals, free from violence and abuse. Trained facilitators offer bilingual, culturally appropriate workshops in middle and high schools throughout the county. They are now able to implement YEP in Spanish and English, decreasing the chance that youth will become victims or abusers in the future.

NEED IV: PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY TO REDUCE OVERWEIGHT AND OBESITY

Obesity for children and adults in Sonoma County exceeds Healthy People 2010 targets. Community feedback in 2005 indicated that community members place considerable value on exercise and recreation activities as part of health promotion.

2007 OBJECTIVE(S)

Increase efforts to promote activities that encourage physical activities and healthy eating, with special outreach to at-risk populations, such as youth at risk for obesity, alcohol abuse, or smoking. Annually support two to four efforts designed to promote healthy activities.

2007 YEAR-END RESULTS

- Community Activity and Nutrition Coalition (CAN-C) received a Kaiser Permanente Northern California Region Healthy Eating, Active Living (HEAL) Community Health Initiative grant¹, which will direct up to \$1.5 million to combat obesity at a systemic level. The CAN-C Steering Committee, with participation from KFH-Santa Rosa (including Community Benefit and Health Education staff, and TPMG physicians) developed a Community Action Plan for the HEAL grant. Much progress was made during the first year of implementation. Businesses have been engaged, a worksite wellness tool kit is under development, and 72 medical providers in the project area were trained in assessing and treating childhood overweight, and in communicating effectively with families. The routine measurement of BMI (body mass index) has been established as the norm at Southwest Community Health Center and Roseland Children's Health Center, the two largest providers of care in the area. Eight salad bars have been installed in elementary schools, with plans to install more; and 55 teachers from three school districts have been trained in physical activity strategies. HEAL staff have met with the national Safe Routes to Schools organization and are advocating for the program to be piloted in one area school. As a result of KFH-Santa Rosa's advocacy training with neighborhood groups, a group of residents successfully petitioned the city to repair a dangerous uncovered sewer drain adjacent to a bike path, an example of neighborhood empowerment in improving conditions necessary for safe physical activity.
- Sonoma County YMCA, the single largest private provider of child care, and youth, senior, and family services in the county, recently celebrated its 50th anniversary in Sonoma County. A \$19,000 grant supported its CATCH (Coordinated Approach to Child Health) program, with a curriculum of manuals and kits containing nutrition and recreation information, being used by 1,400 children and families at 25 YMCA child care sites in nine school districts throughout the county. Activities emphasize skill building, cooperation, and vigorous activity, as well as education about healthy diets. Parents and children are excited about the activities. The YMCA is an active partner in the HEAL work and a CAN-C member. Kirk Pappas, MD, KFH-Santa Rosa acts as a resource for educational needs.
- Redwood Empire Food Bank (REFB) is a long-time KFH-Santa Rosa partner. For the third consecutive year, REFB distributed fresh fruits and vegetables at the Neighbors in Health Event. The Megan Furth Harvest Pantry Truck is a familiar sight in Sonoma County, distributing fruits and vegetables to families who agree to participate in educational sessions at the same time. A \$15,000 grant funds a weekly distribution site in West Santa Rosa, which has a large, low-income immigrant population. During the grant's first quarter, more than 20,000 pounds of produce were distributed. The pantry coordinator delivers lively information in Spanish and educates parents about anemia prevention (this part of Santa Rosa has very high anemia rates) and other topics related to nutritious eating habits. In addition to this support, KFH-Santa Rosa also contributed \$1,500 to REFB's summer lunch program, which provides subsidized lunches at school sites during the summer to children who otherwise might go hungry. Gail Atkins, REFB Program Director, also sits on the CAN-C Steering Committee.

¹ The grant was distributed from the Kaiser Permanente Fund for Community Benefit, a donor-advised fund established in late-2004 and administered by the East Bay Community Foundation. Accordingly, the grant amount was not included in the KFH-Santa Rosa community benefit totals for 2007 (Table 2).

ADDITIONAL COMMUNITY BENEFIT RESOURCES PROVIDED IN THE KFH-SANTA ROSA SERVICE AREA IN 2007

In addition to delivering Community Benefit resources designed to meet specific local priority needs as outlined in the 2005–2007 Community Benefit Plan, KFH-Santa Rosa provided grants, donations, programs, and activities that met several community needs above and beyond those identified during the 2004 needs assessment process. These efforts, which included subsidized medical coverage for those without other coverage options, funds for educational and research activities, and technical expertise and other resources that address local community needs, totaled \$9,400,504 in 2007.

Communities in the KFH-Santa Rosa service area benefited from this broader Community Benefit funding pool through several ways:

- Medical care services for vulnerable populations totaling \$7,261,116
- Other benefits for vulnerable populations totaling \$801,996
- Benefits for the broader community totaling \$485,787
- Research, education, and training activities totaling \$851,605

More detail about the benefits provided and the exact dollar amounts (presented according to the framework required by SB 697) appear in Table 2.

The following pages highlight some of the major grants, programs, and activities that were provided through these additional Community Benefit resources and had an impact in the KFH-Santa Rosa service area. To learn more about the programs referenced in this section, which are part of Kaiser Permanente's Community Benefit portfolio for Northern California Region and Southern California Region, please refer to Chapter 3.

MEDICAL CARE SERVICES FOR VULNERABLE POPULATIONS

KFH-Santa Rosa participates in several government-subsidized health care coverage programs that benefit adults and children in its service area. KFH-Santa Rosa is the medical home for several thousand Medi-Cal members (both managed care and fee-for-service). KFH-Santa Rosa also provides coverage and care for enrollees in the Healthy Families Program, a publicly financed plan for children in families with income between 100% and 250% of the federal income guidelines who are ineligible for Medi-Cal or other public programs. Through these government programs, KFH-Santa Rosa provided subsidized care and coverage totaling \$4,119,056 to 4,628 program members (1,360 Medi-Cal and 3,268 Healthy Families), as well as other nonmember Medi-Cal (fee-for-service) patients in 2007.

In 2007, KFH-Santa Rosa provided \$2,025,590 in charity care to support low-income patients through the Charitable Coverage and Medical Financial Assistance programs.

Kaiser Permanente Child Health Plan (KPCHP) and Kaiser Permanente Steps Plan are the specific products that form the Charitable Coverage Program. As of year-end 2007, 2,147 children in the KFH-Santa Rosa service area were members of KPCHP, which provides comprehensive medical and dental care for children (0 to 18) who lack access to employer-sponsored coverage and are ineligible for public programs because of family income or immigration status. Steps allows individuals who have lost coverage (due to job loss, reduction of hours worked, divorce, etc.) and those who are enrolled in vocational training programs or are parents of Healthy Families or KPCHP members to re-enroll at reduced rates. At the close of 2007, Steps enabled 668 members in the KFH-Santa Rosa service area to receive subsidized coverage.

Individuals unable to pay for medical care services received financial assistance through the Medical Financial Assistance (MFA) program (charity care) at KFH-Santa Rosa. The amount of unreimbursed costs associated with MFA totaled \$373,204.

In 2007, Kaiser Permanente Northern California Region continued its participation in Operation Access, a nonprofit organization that mobilizes a network of medical volunteers, hospitals, and referring community clinics to provide the uninsured with donated outpatient surgeries and procedures that significantly improve their health, ability to work, and quality of life. As one of nine participating KFH facilities, KFH-Santa Rosa physicians and staff performed 13 procedures last year, including cyst/lipoma excision and dermatology services. The estimated value of these surgical services and related office visits was \$28,640.²

Grants and donations totaling \$1,116,469 were also provided within the KFH-Santa Rosa service area supporting medical care services for vulnerable populations, including:

- Face to Face Sonoma County AIDS Network received a \$30,000 HIV/AIDS Initiative grant to support its mission, which is to provide compassionate care to people living with HIV/AIDS and their loved ones, and to provide prevention education to the entire community. The goal is to encourage well-being, healing, and independence through nursing and social work case management, benefits counseling, emergency financial assistance, housing assistance, and transportation services.
- Community Action Partnership of Sonoma County received a 2-year \$77,753 grant, of which \$40,075 was disbursed in 2007; the remaining \$37,678 will be disbursed in 2008. Funding will be used at Roseland Children's Health Center to improve the health of the county's most vulnerable children by streamlining asthma care, promoting breastfeeding, and increasing immunization rates.

OTHER BENEFITS FOR VULNERABLE POPULATIONS

In 2007, Kaiser Permanente Northern California Region provided funds totaling \$68,608 for two youth employment programs at KFH-Santa Rosa: Summer Youth and INROADS. Summer Youth provided 16 high school students the opportunity for summer employment at KFH-Santa Rosa, where they gained experience working in the health care field. KFH-Santa Rosa also hired 1 student through INROADS, which focuses on preparing minority college students for leadership roles within the community through internship opportunities.

Grants and donations totaling \$401,861 were also provided within the KFH-Santa Rosa service area, supporting a variety of community-based organizations assisting vulnerable populations, including:

- Alliance Medical Center received a \$50,000 grant to support its strategic and business planning endeavors. The center plans to conduct a feasibility study and develop a business plan that would articulate the conditions and criteria for potential expansion of services to meet the continuing needs of uninsured, underinsured, and low-income patients in the clinic's service area.
- Pediatric Dental Initiative received \$150,000 to support its effort to open a dental surgery center dedicated to serving the oral surgery needs of high-risk children and developmentally disabled adults in Northern California.

BENEFITS FOR THE BROADER COMMUNITY

One of Kaiser Permanente's signature Community Benefit efforts, Educational Theatre Programs (ETP), uses drama, comedy, music, and dance to inspire children, teens, and adults to make healthier life choices. ETP had a tremendous

² These efforts are a collaboration between Operation Access (OA) and KFH. Values reported above were provided by OA. Expenses incurred by KFH for this CB project are included in Table 2 as charity care.

presence in the KFH-Santa Rosa service area, with \$197,225 in community benefit funding and 67 performances for a total audience of 18,615 people in 2007.

In addition to school performances, ETP participated in several efforts that positively impacted children, their families, and other individuals in the KFH-Santa Rosa service area, including the following:

- ETP established a new partnership with Teens Teaching Through Theatre (T4), a program run by Routes for Youth in Santa Rosa that performs educational theatre shows written by high school students. T4 performs at community forums, juvenile hall facilities, and schools. ETP's *Secrets* troupe developed and facilitated a workshop on presentation techniques and the basics of Q&A sessions for T4 performers and staff. Prior to the workshop, a number of T4 staff and students attended a *Secrets* performance at Santa Rosa's Elsie Allen High.
- Stronger relations were formed between ETP and HEAL collaborative partners in Santa Rosa. As part of this developing partnership, ETP supported HEAL activities in 6 local schools and participated in a number of other community events.

In addition, KFH-Santa Rosa provided other resources benefiting the broader community within its service area, including grants and donations to community-based organizations totaling \$251,239. Some examples of these grants and donations include:

- The Golden State Warriors received a \$20,000 grant to support its ongoing commitment to education and its efforts to exemplify the principles of healthy living through sports. The campaign will include arena signage, a fitness/walking campaign promoted through branding at the arena, giveaway nights at the arena during basketball season, media support, interactive internet support, specialty promotions, and community involvement.
- A \$390,000 3-year grant was awarded to California Center for Public Health Advocacy (CCPHA), of which \$130,000 was disbursed in 2007. CCPHA is partnering with the League of California Cities to implement the Healthy Eating and Active Living (HEAL) Campaign for California Cities. The project goal is to develop and disseminate tools and personalized assistance to city officials throughout the state, so that they can establish local policies to promote access to nutritious foods and physical activity in their communities. City policies can have a broad impact on a community's food and activity environment. They can, for example, limit the density of unhealthy food outlets and improve neighborhood walk- and bike-ability through local zoning ordinances; set standards for foods served in city facilities and at city-funded programs; and develop local funding mechanisms to support nutrition and physical activity programs.

HEALTH RESEARCH, EDUCATION, AND TRAINING

Kaiser Permanente conducts several provider education and training programs that make up a subset of the Community Benefit portfolio. Costs associated with Graduate Medical Education (residency programs) for 22 residents and their related participation in community clinic rotations, which provided medical care to disadvantaged populations, totaled \$64,506 within the KFH-Santa Rosa service area.

In 2007, \$511,238 was spent on education and training programs for non-MD providers at KFH-Santa Rosa. Examples of these programs, which are made available to Kaiser Permanente staff, and other clinicians and health care providers within the KFH-Santa Rosa community, include the following:

- KFH-Santa Rosa served as the primary clinic rotation site for 1 student from the Kaiser Permanente School of Allied Health Sciences, which provides training in radiography, sonography, nuclear medicine, radiation therapy, and phlebotomy.
- KFH-Santa Rosa was the primary clinic rotation site for 4 Mental Health Training Program interns/residents, who gained valuable experience in the delivery of outpatient mental health and chemical dependency services.

- KFH-Santa Rosa was also the primary clinic rotation site for 1 resident from the Kaiser Permanente Pharmacy Program, which provides postgraduate education and training in a clinical setting to licensed pharmacists.

In addition, 129 Continuing Medical Education (CME) programs were offered, covering a variety of medical training issues. These CME offerings were attended by 3,091 individuals.

Other education-related community benefit within the KFH-Santa Rosa service area includes \$148,200 toward medical libraries and resource development as well as grants and donations for the education of health care professionals in the community totaling \$27,509.

Table 1

KAISER FOUNDATION HOSPITAL–SANTA ROSA

Selected Statistics

	California	Sonoma County
Population: Age Groups (2006)		
Total population	37.3 million	492,930
0–2 years	1.62 million (4.3%)	16,572 (3.4%)
3–5 years	1.56 million (4.2%)	17,073 (3.5%)
6–18 years	7.05 million (18.9%)	83,945 (16.9%)
19–64 years	23.0 million (61.6%)	309,741 (62.8%)
65–84 years	3.53 million (9.4%)	53,301 (10.8%)
85+ years	574,313 (1.5%)	12,748 (2.6%)
% < 20	27.4%	23.8%
% 65+	10.9%	13.4%
Population: Race/Ethnicity (2006)		
Total population	37.3 million	492,930
White	15.8 million (42.2%)	352,783 (71.6%)
Latino	13.6 million (36.4%)	95,731 (19.4%)
Asian	4.27 million (11.4%)	18,830 (3.8%)
African American	2.49 million (6.7%)	7,560 (1.5%)
Multi-race	749,550 (2.0%)	11,129 (2.3%)
American Indian	317,087 (0.8%)	5,794 (1.2%)
Pacific Islander	134,781 (0.4%)	1,103 (0.2%)
Employment and Income (2000)		
Median household income	\$47,493	\$53,076
Total population for whom poverty status can be determined	33.1 million	451,145
Population (individuals) w/income < 100% FPL	4.71 million	36,349
Population (individuals) w/income < 200% FPL	10.9 million	100,116
% of people w/incomes < 100% FPL	14.22%	8.06%
% of people w/incomes < 200% FPL	33.06%	22.19%
Total households	11.5 million	172,690
Households w/incomes below 100% poverty	2.26 million	25,366
% of households w/incomes below 100% poverty	19.64%	14.69%
Unemployment rate (2005)	5.4	4.4
Education (2000)		
Total population (age 5+)	31.4 million	431,580
Linguistically isolated population (age 5+)	3.36 million	23,650
% of population linguistically isolated (age 5+)	10.69%	5.48%
Total households	11.5 million	172,690
# of linguistically isolated households	1.11 million	6,465
% of households linguistically isolated	9.62%	3.74%
% of high school dropouts (ages 15–19), 2004–2005	12.6%	7.9%
% 25+-year-olds without high school diploma (2005)	19.9%	13.9%
Health Insurance		
% of population uninsured, 18+ years		10.9%
% of population receiving Medi-Cal		9.8%

Table 1 (Cont'd)

KAISER FOUNDATION HOSPITAL – SANTA ROSA

Selected Statistics

	California	Sonoma County
Mortality: Age-Adjusted Death Rates by Selected Causes, per 100,000 (2002–2004)		
Coronary heart disease	164.7	135.5
Malignant neoplasms (all cancers)	164.1	176.0
Lung cancer	41.8	47.1
Female breast cancer	22.8	20.6
Prostate cancer, 2004	22.4	27.8
Stroke	52.4	61.4
Diabetes	21.3	18.0
Suicide	9.4	12.8
Homicide	6.7	3.8
Morbidity (3-Year Average, 2002–2004)		
Chlamydia (per 100,000)	324.31	140.37
Gonorrhea (per 100,000)	69.5	16.6
AIDS (per 100,000)	13.72	11.77
Tuberculosis (per 100,000)	8.71	3.59
Hepatitis C (per 100,000)	0.13	0.14
Cumulative AIDS Cases (1981–2004)	135,975	1,838
Asthma diagnosis, 18+ years		16.3%
Obesity diagnosis, 18+ years		56.3%
Maternal and Infant Health (3-Year Average, 2002–2004)		
% of births with first trimester prenatal care	85.4%	87.6%
% of females with adequate+ prenatal care	78.3%	69.9%
Teen (ages 15-19) birth rate, per 1,000	39.2	27.5
% of births at low birth weight (all race groups)	6.6%	5.1%
% of births at low birth weight (African American)	12.1%	9.4%
% of births at low birth weight (Asian/Pacific Islander)	7.3%	7.3%
% of births at low birth weight (White)	6.0%	4.4%
% of births at low birth weight (Latino)	6.0%	4.4%
Infant mortality rate, per 1,000 (all race groups, 2001–2003)	5.3	4.4
Infant mortality rate, per 1,000 (African American, 2001–2003)	11.2	20.9
Infant mortality rate, per 1,000 (Asian/Pacific Islander, 2001–2003)	4.1	5.2
Infant mortality rate, per 1,000 (Latino, 2001–2003)	5.1	3.6
Infant mortality rate, per 1,000 (White, 2001–2003)	4.7	4.1
Selected Risk Factors (2005)		
Child immunization levels (child-care center entrants)	465,212 (93.26%)	5,926 (90.51%)
Child immunization levels (kindergarten entrants)	475,911 (92.82%)	5,177 (89.18%)
# of domestic violence calls	181,362	2,048
# of child abuse cases	108,688	947
Current smoker, 18+ years		14.5%
Usual source of health care		92.7%

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Table 2

KAISER FOUNDATION HOSPITAL–SANTA ROSA

Community Benefits Provided in 2007

Unreimbursed Costs

	2007 Total
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$3,559,570
Healthy Families ²	559,486
Charity care: Charitable Coverage Program ³	1,652,386
Charity care: Medical Financial Assistance Program ⁴	373,204
Grants and donations for medical services ⁵	1,116,469
Subtotal	\$7,261,116
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$68,608
Grants and donations for community-based programs ⁷	401,861
Community Benefit administration and operations ⁸	331,527
Subtotal	\$801,996
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$5,695
Educational Theatre Programs	197,225
Facility, supplies, and equipment (in-kind donations) ¹⁰	0
Community Giving Campaign administrative expenses	6,399
Grants and donations for the broader community ¹¹	251,239
National Board of Directors Fund	25,230
Subtotal	\$485,787
Health Research, Education, and Training	
Graduate Medical Education	\$64,506
Non-MD provider education and training programs ¹²	511,238
Grants and donations for the education of health care professionals ¹³	27,509
Health research	100,152
Medical libraries and resource development	148,200
Grants and donations for evidence-based medicine ¹⁴	0
Subtotal	\$851,605
Total Community Benefits Provided	\$9,400,504

ENDNOTES

- ¹ Amount includes unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- ² Amount includes unreimbursed inpatient expenditures for Healthy Families members.
- ³ Amount includes unreimbursed inpatient expenditures for Steps Plan members and unreimbursed inpatient expenditures for Kaiser Permanente Child Health Plan (formerly known as Kaiser Permanente Cares for Kids Child Health Plans 1 and 2) subsidy.
- ⁴ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs.
- ⁵ Figures reported in this section for Grants and Donations for Medical Care Services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and special Request for Proposals to support specific health issues such as HIV/AIDS, childhood obesity, asthma, and so on. 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.
- ⁶ 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 Summer Youth students hired.
- ⁷ 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 non-health 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.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ 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.
- ¹⁰ Amount represents the estimated value of donated surplus office and medical supplies, equipment and furniture, promotional items and giveaways, in-kind services such as printing, mailings, multimedia production, and so on, and conference and meeting room usage, as recorded in the MicroEdge GIFTS database.
- ¹¹ 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 the 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.
- ¹² Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- ¹³ 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, and so on. 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.
- ¹⁴ Figures reported in this section for Grants and Donations for Evidence-Based Medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. 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.

