



Kaiser Foundation Hospital – Southern California Region

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

LOS ANGELES

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

 **KAISER PERMANENTE®**
in the community

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I. Introduction and Background

A. About Kaiser Permanente

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

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

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

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

B. About Kaiser Permanente Community Health

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

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

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located 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' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A – Total Community Benefits Provided in 2018 across California KFH

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$740,302,826
Charity care: Medical Financial Assistance Program ²	\$252,514,999
Grants and donations for medical services ³	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,171,145
Educational Outreach Program	\$977,755
Summer Youth and INROADS programs ⁵	\$3,423,227
Grants and donations for community-based programs ⁶	\$30,937,535
Community Benefit administration and operations ⁷	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community⁸	
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 ⁹	\$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 ¹⁰	\$24,019,233
Grants and donations for the education of health care professionals ¹¹	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED IN 2018	\$1,220,499,099

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² 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.
- ³ 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.
- ⁴ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁵ 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.
- ⁶ 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.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ 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 performances or health education programs.
- ⁹ 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.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ 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.

Table B – Community Benefits Provided in 2018 by KFH Service Area

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego (2 Hospitals)	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our healthcare 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, Department of Research & Evaluation (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-Los Angeles Community Served

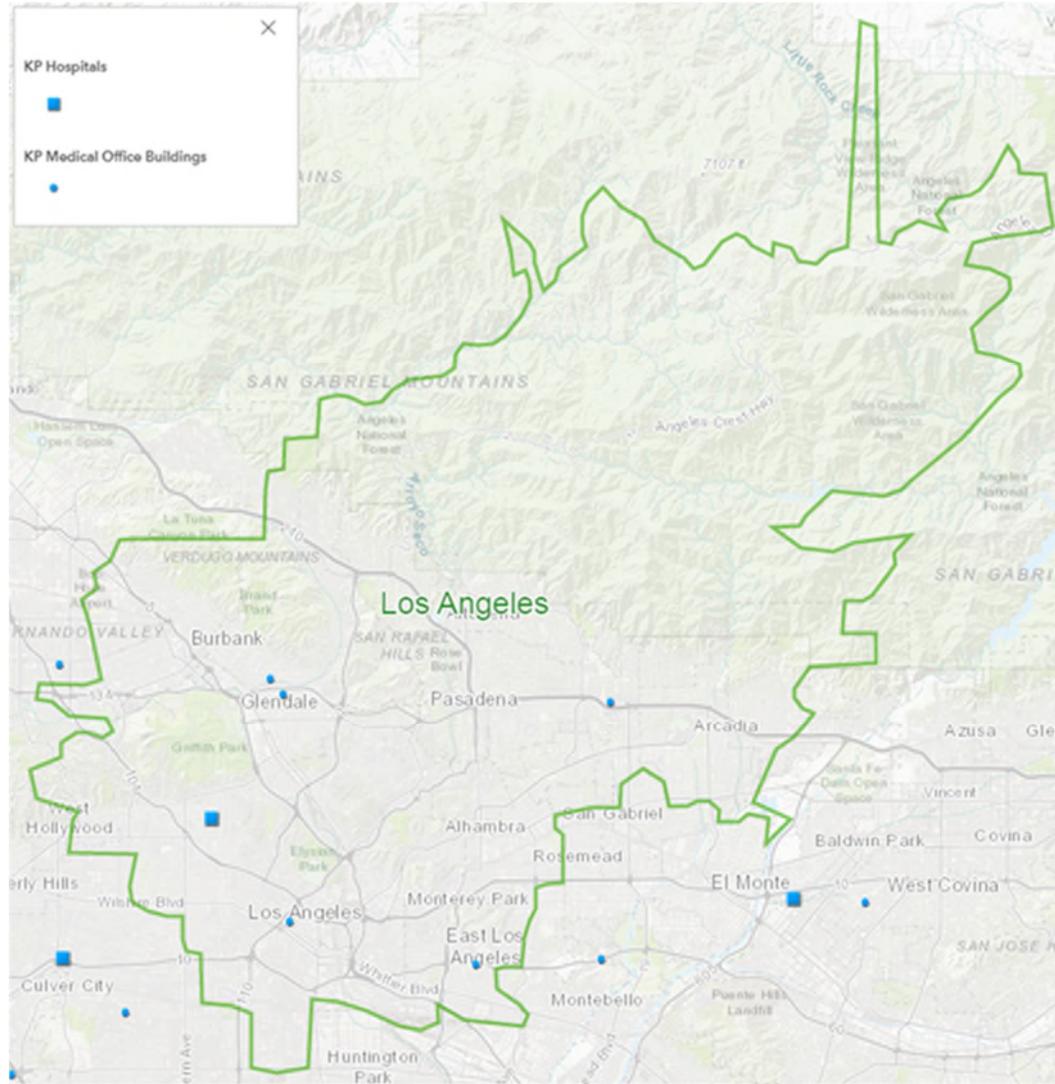
A. Kaiser Permanente's Definition of Community Served

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. Map and Description of Community Served

The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La Cañada Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, Montecito Heights, and Silverlake.

KFH-Los Angeles Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Los Angeles service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino.

Race/Ethnicity		Socioeconomic	
Total Population	2,119,206	Living in Poverty (<100% Federal Poverty Level)	21.12%
Asian	18.95%	Children in Poverty	29.86%
Black	4.26%	Unemployment	4.1%
Hispanic/Latino	46.53%	Uninsured Population	18.65%
Native American/Alaska Native	0.14%	Adults with No High School Diploma	24.10%
Pacific Islander/Native Hawaiian	0.14%		
Some Other Race	0.31%		
Multiple Races	2.03%		
White	27.64%		

IV. Description of Community Health Needs Addressed by KFH-Los Angeles

The following are the health needs that KFH-Los Angeles is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Access to Care

Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Health care access is a key requirement for early detection of illnesses, chronic disease management and reduction of Emergency Room usage. Access to affordable, quality health care is a key driver to health improvement and disease prevention. Access to care was rated by the community as the third highest health need in the service area. In the KFH – Los Angeles service area, 30% of the population has Medi-Cal coverage. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% with health insurance. However, because this was before the full implementation of the Affordable Care Act and the insurance coverage expansion, the percent of residents who are currently uninsured may be lower as a result of Medi-Cal expansion and the availability of health care coverage. A number of barriers remain, including affordability, transportation, navigating the system, and accessibility to appointments in a timely manner. Access to care remains limited for non-resident immigrants who are not covered by the ACA. Community stakeholders also identified barriers to accessing care experienced by the homeless, students and seniors.

B. Mental and Behavioral Health

Mental health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental illness is a common cause of disability and untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. As a result of community input, mental health was rated the top priority health need. We heard from the community that mental health issues are affecting people at work, school and on the job. Access to mental health care services is a concern in the service area, as there are not enough providers to meet the needs. There are a number of vulnerable populations who suffer from mental health problems and the lack of resources, including the undocumented, seniors, the homeless and LGBT populations. For the most part, the homeless persons in the KFH – Los Angeles service area are adult males with significant comorbidities. They are frequent utilizers of health and social services and, as a result of mental and behavioral health issues, are known to disrupt community safety. Rates of mental illness among the homeless population are also increasing.

C. Obesity/HEAL/Diabetes

Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. There are high rates of overweight and obesity among adults and teens in the service area. This may have an impact on the high rates of chronic diseases identified in the service area. In the KFH – Los Angeles service area, Blacks/African Americans and Latinos/Hispanics have higher rates of overweight and obesity, while Asians have lower rates. Overweight/obesity was rated the second highest health need by the community. The community identified that being overweight contributes to diabetes, cardiovascular disease and cancer. Therefore, addressing overweight as a causative factor for many other conditions will contribute to reducing disease and disability. Diabetes is the fifth leading cause of death in Los Angeles County. In SPA 3, 10.6% of adults and in SPA 6, 14.7% of adults have been diagnosed with pre-diabetes. This is higher than county (8.8%) and state (10.5%) rates. Rates of diabetes are higher among adults in SPAs 3, 4 and 6 than found in the county and the state. In SPA 4, only 23.3% of adults with diabetes are very confident they can control their diabetes. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. The diabetes hospitalization rate in the service area is 9.0 per 10,000 population.

D. HIV/AIDS/STIs

STIs continue to be a major public health problem. The community ranked STIs as the fifth highest priority in the service area. STIs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STI prevention is an essential primary care strategy for improving reproductive health. All STI rates in Los Angeles and South Los Angeles are higher than the county rates. While HIV/AIDS rates are decreasing, SPA 4 and SPA 6 are experiencing higher than county rates. HIV/AIDS is also present in higher proportions of the homeless population. In SPA 4, 3.2% of the homeless population has been diagnosed with HIV/AIDS. Community input from interviews and focus groups identified the stigma associated with being diagnosed with HIV/AIDS. Persons who tend to have higher rates of STIs in the KFH – Los Angeles service area, include young adults, persons of color, homeless youth, sex trade workers, and substance abusers. For those with sexually transmitted diseases, drug use is often a factor. The community input noted that people may not know they have an STI or HIV so it is not treated and is spread to sexual partners.

V. 2018 Year-End Results for KFH-Los Angeles

A. 2018 Community Benefit Financial Resources Provided by KFH-Los Angeles

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 Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFHLos Angeles 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$18,554,888
Charity care: Medical Financial Assistance Program ²	\$9,303,750
Grants and donations for medical services ³	\$169,414
Subtotal	\$28,028,052
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁵	\$189,721
Grants and donations for community-based programs ⁶	\$643,546
Community Benefit administration and operations ⁷	\$525,259
Subtotal	\$1,358,526
Benefits for the Broader Community⁸	
Community health education and promotion programs	\$73,408
Kaiser Permanente Educational Theatre	\$521,677
Community Giving Campaign administrative expenses	\$12,060
Grants and donations for the broader community ⁹	\$93,172
National board of directors fund	\$21,786
Subtotal	\$722,103
Health Research, Education, and Training	
Graduate Medical Education	\$16,577,688
Non-MD provider education and training programs ¹⁰	\$1,199,025
Grants and donations for health research, education, and training ¹¹	\$53,476
Health research	\$623,538
Subtotal	\$18,453,727
Total Community Benefits Provided	\$48,562,408

TABLE C ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² 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.
- ³ 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.
- ⁵ 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.
- ⁶ 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.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ 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 performances or health education programs.
- ⁹ 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.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ 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. 2018 Examples of KFH-Los Angeles Activities Addressing 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's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Los Angeles 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 KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Los Angeles. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Los Angeles service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2018 (Tables B and C). For individual grant examples spanning two years (2017-2018), the cited payment amount represents the total dollars paid over the two-year time period.

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2018, Educational Theater provided 169 events in 44 schools in the KFH-Los Angeles communities, reaching 20,318 youth and 1,493 adults.

Need	Summary of impact	Examples of most impactful efforts
<p>Access to Care</p>	<p>During 2018, Kaiser Permanente paid 9 grants, totaling \$456,167, addressing the priority health need in the KFH-Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$931,667 that address this need.</p>	<p><u>Providing Affordable Healthcare</u> Over two years (2017-2018), KFH-Los Angeles provided \$42,622,243 in medical care services to 53,543 Medi-Cal recipients (both health plan members and non-members) and \$16,915,213 in medical financial assistance (MFA) for 22,973 beneficiaries.</p> <hr/> <p><u>Building Primary Care Capacity~</u> The California Primary Care Association (CPCA) provides education, training, and advocacy to their member community health centers to best serve their low-income, underserved, and diverse patients. In 2018, Kaiser Permanente paid \$126,666 to CPCA to:</p> <ul style="list-style-type: none"> • Hold statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. • Provide 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance. <hr/> <p><u>Preserving and Expanding California Coverage Gains~</u> Insure the Uninsured Project (ITUP) works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to ITUP to:</p> <ul style="list-style-type: none"> • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees with real-time updates on state and federal health care policy issues, emerging issues, and local collaboration opportunities. • Provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. • Serve as a bridge between health policy and the health care sector to reach 19 million Californians.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="785 256 1709 289"><u>Providing Primary and Specialty Care to Underserved Populations</u></p> <p data-bbox="785 293 1871 418">Kheir is a Federally Qualified Health Center that provides health care, human services, adult day health care, and affordable housing for underserved populations. In 2018, Kaiser Permanente’s Community Medicine Fellows collaborated with Kheir to:</p> <ul data-bbox="785 428 1881 597" style="list-style-type: none"> <li data-bbox="785 428 1881 493">• Provide primary care, diabetes prevention, dermatology consultations, and health education to Kheir patients. <li data-bbox="785 498 1881 563">• Expand healthcare servicing by serving 377 low-income, underserved patients and conducting 505 clinical visits. <li data-bbox="785 568 1881 597">• Grant over \$108,000 in in-kind contributions to the Kheir Center. <hr/> <p data-bbox="785 618 1797 683"><u>Providing Health and Human Services for Low-Income and Under-Insured Residents</u></p> <p data-bbox="785 688 1864 850">The Chinatown Service Center (CSC) helps underserved populations achieve better health by providing preventative care services and supporting patients navigate the healthcare system. CSC is dedicated to educating the community about appropriate vaccinations, diabetes prevention, and AIDS. In 2018, Kaiser Permanente paid \$30,000 to CSC to:</p> <ul data-bbox="785 855 1881 992" style="list-style-type: none"> <li data-bbox="785 855 1881 885">• Outreach to 2,800 individuals. <li data-bbox="785 889 1881 954">• Enroll 700 individuals and their families for health care coverage and linkages to a medical home. <li data-bbox="785 959 1881 992">• Provide 40 health education workshops to its patients. <hr/> <p data-bbox="785 1008 1262 1040"><u>Preventing Hospital Readmissions</u></p> <p data-bbox="785 1045 1881 1235">Northeast Community Clinic provides comprehensive, quality healthcare to low-income, underserved and indigent patients. Northeast Community Clinic is dedicated to reducing the number of non-critical emergency room visits by expanding preventive care services and offering robust case management to the most vulnerable populations. In 2018, Kaiser Permanente \$30,000 to paid Northeast Community Clinic to:</p> <ul data-bbox="785 1240 1881 1409" style="list-style-type: none"> <li data-bbox="785 1240 1881 1305">• Pilot a new approach that addresses and reduces the amount of times a patient is admitted to the emergency room facilitated by case managers. <li data-bbox="785 1310 1881 1343">• Reduce hospital readmissions among 800 chronically-ill patients. <li data-bbox="785 1347 1881 1409">• Establish a monitoring and compliance system to identify targeted patients to monitor their care plan.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	<p>During 2018, Kaiser Permanente paid 17 grants, totaling \$728,896, addressing the priority health need in the KFH-Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$235,000 that address this need.</p>	<p><u>Strengthening Mental Health Policies and Practices in Schools~</u> Children Now educates policymakers, school district leaders, and other key stakeholders about best practices and policy solutions to address suspension and expulsion policies that disproportionately impact students of color, improve school climate, and increase students’ access to mental health services. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Children Now to:</p> <ul style="list-style-type: none"> • Inform over 200 key legislators and stakeholders. • Support the California Department of Education in the development of the Whole Child Resource Map. • Lead committees for both the State School Attendance Review Board and the Superintendent’s Mental Health Policy Workgroup. <hr/> <p><u>Reducing Mental Health Stigma and Improving Resiliency*</u> The Coalition for Human Immigrant Rights of Los Angeles (CHIRLA) Mental Health & Resilience Project reduces mental health stigma and improves resilience in low-income immigrant communities by providing culturally-competent mental health training. In 2018, Kaiser Permanente paid CHIRLA \$40,000 to:</p> <ul style="list-style-type: none"> • Conduct one-on-one consultations with immigrant families to reduce stigma about mental health and improve resiliency. • Train 83 staff in four culturally-competent trainings. • Conduct two Mental Health trainings to 300 CHIRLA members including high school and college youth. <hr/> <p><u>Connecting Homeless Individuals to Health Care:</u> The Center at Blessed Sacrament and its project organization, Hollywood4WRD, outreach to homeless individuals in Hollywood. Over two years (2017-2018), Kaiser Permanente paid \$50,000 to the Center at Blessed Sacrament and Hollywood4WARD to:</p> <ul style="list-style-type: none"> • Serve nearly 1,000 homeless individuals by conducting homeless assessments. • Connect homeless individuals to primary care and mental health care services.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Providing Mental Health Case Management for Seniors:</u> St. Barnabas Senior Center of Los Angeles provides comprehensive services to the elderly. In 2018, Kaiser Permanente paid St. Barnabas Senior Center \$30,000 to:</p> <ul style="list-style-type: none"> • Provide case management to 700 low-income seniors linked to mental and behavioral health, social connection and other health promotion services. <hr/> <p><u>Improving Behavioral Health Services for Transgender Populations</u> Translatin@ Coalition provides comprehensive behavior health and social services. In 2018, Kaiser Permanente paid Translatin@ Coalition \$30,000 to:</p> <ul style="list-style-type: none"> • Expand its Behavioral Health Services Department with an added component focusing on Trans violence prevention and wellness. • Serve over 300 Latina and African-American transgender women in need of behavioral health and violence prevention services.
Obesity/ HEAL/ Diabetes	<p>During 2018, Kaiser Permanente paid 19 grants, totaling \$1,508,592, addressing the priority health need in the KFH-Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 7 grants, totaling \$1,202,611 that address this need.</p>	<p><u>Advocating for Maternal, Infant, and Child Health~</u> The California WIC Association (CWA) supports efforts to increase local WIC agencies' capacity, increase state and federal decision makers' understanding of WIC services, and increase the capacity of community health centers to build a breastfeeding continuum of care in low-income communities. Over two years (2017-2018), Kaiser Permanente paid \$100,000 to CWA to:</p> <ul style="list-style-type: none"> • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • Collaborate with health centers to share WIC staff for nutrition and breastfeeding counseling (Watts Health Care and clinics in San Diego). • Work to strengthen ties with CPCA and present at CPCA's annual conference. • Visit all CA legislators with 44 appointments and drop-in visits. • Provide extensive information to legislators on nutrition and breastfeeding counseling, food benefits, local economic impacts to grocers, health outcomes, access to Farmers markets, and updates on immigration threats. • Participate in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Fighting Food Insecurity~</u> California Association of Food Banks' (CAFB) Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members. In 2018, Kaiser Permanente paid \$95,000 to CAFB to:</p> <ul style="list-style-type: none"> • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11 member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks. <hr/> <p><u>Promoting Intergenerational Health</u> Jumpstart uses an intergenerational model to provide language, literacy, and social-emotional programming for low-income preschool children and older adults. This programming includes support for promoting and practicing healthy eating and physical activity. In 2018, Kaiser Permanente paid Jumpstart \$30,000 to:</p> <ul style="list-style-type: none"> • Support 240 pre-school aged children and 75 older adults involved in this unique program. <hr/> <p><u>Practicing Food Recovery and Redistribution</u> Kaiser Permanente envisions foodservices not only as the source of nutritious meals for their patients, staff and guests, but as a resource for local communities. Over two years (2017-2018), Kaiser Permanente partnered with Food Finders recover 1,104 pounds of food and distribute to organizations serving individuals in the KFH-Los Angeles region who face food insecurity.</p>

Need	Summary of impact	Examples of most impactful efforts
HIV/ AIDS/ STIs	During 2018, Kaiser Permanente paid 1 grant, totaling \$30,000, addressing the priority health need in the KFH-Los Angeles service area.	<p data-bbox="772 240 1904 284"><u>Providing HIV Testing and Treatment to Medically Underserved Populations</u></p> <p data-bbox="772 284 1904 446">Asian Pacific AIDS Intervention Team (APAIT) provides medically underserved communities living with or at risk for HIV/AIDS with culturally competent and linguistically appropriate support programs. In 2018, Kaiser Permanente paid APAIT \$30,000 to:</p> <ul data-bbox="772 446 1904 639" style="list-style-type: none"> <li data-bbox="772 446 1904 560">• Provide patient navigator services to over 700 high-risk individuals reached during late evening hours (Midnight Stroll) at known homeless gatherings or encampments. <li data-bbox="772 560 1904 639">• Test 120 individuals and linked 25 homeless individuals with HIV to transition or permanent supportive services.