



Kaiser Foundation Hospital – Northern California Region

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

SAN FRANCISCO

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Kaiser Foundation (KFH)-San Francisco

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I. Introduction and Background

A. About Kaiser Permanente

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

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

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

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

B. About Kaiser Permanente Community Health

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

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

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

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

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

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that “non-quantifiable benefits” are highlighted in the Year-end Results section of the KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$740,302,826
Charity care: Medical Financial Assistance Program ^b	\$252,514,999
Grants and donations for medical services ^c	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ^d	\$3,171,145
Educational Outreach Program	\$977,755
Youth Employment programs ^e	\$3,423,227
Grants and donations for community-based programs ^f	\$30,937,535
Community Benefit administration and operations ^g	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community^h	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community ⁱ	\$3,975,643
National board of directors fund	\$742,683
Subtotal	\$12,135,568
Health Research, Education, and Training	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs ^j	\$24,019,233
Grants and donations for the education of health care professionals ^k	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,220,499,099

TABLE A ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- e. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Youth Employment programs participants hired.
- f. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- g. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- h. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- i. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- j. Amount reflects the net expenditures after scholarships for health professional education and training programs.
- k. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2018

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

B. Medical Care Services for Vulnerable Populations

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

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

Educational Outreach Program (SCAL)

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

Youth Employment Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-San Francisco Community Served

A. Kaiser Permanente’s Definition of Community Served

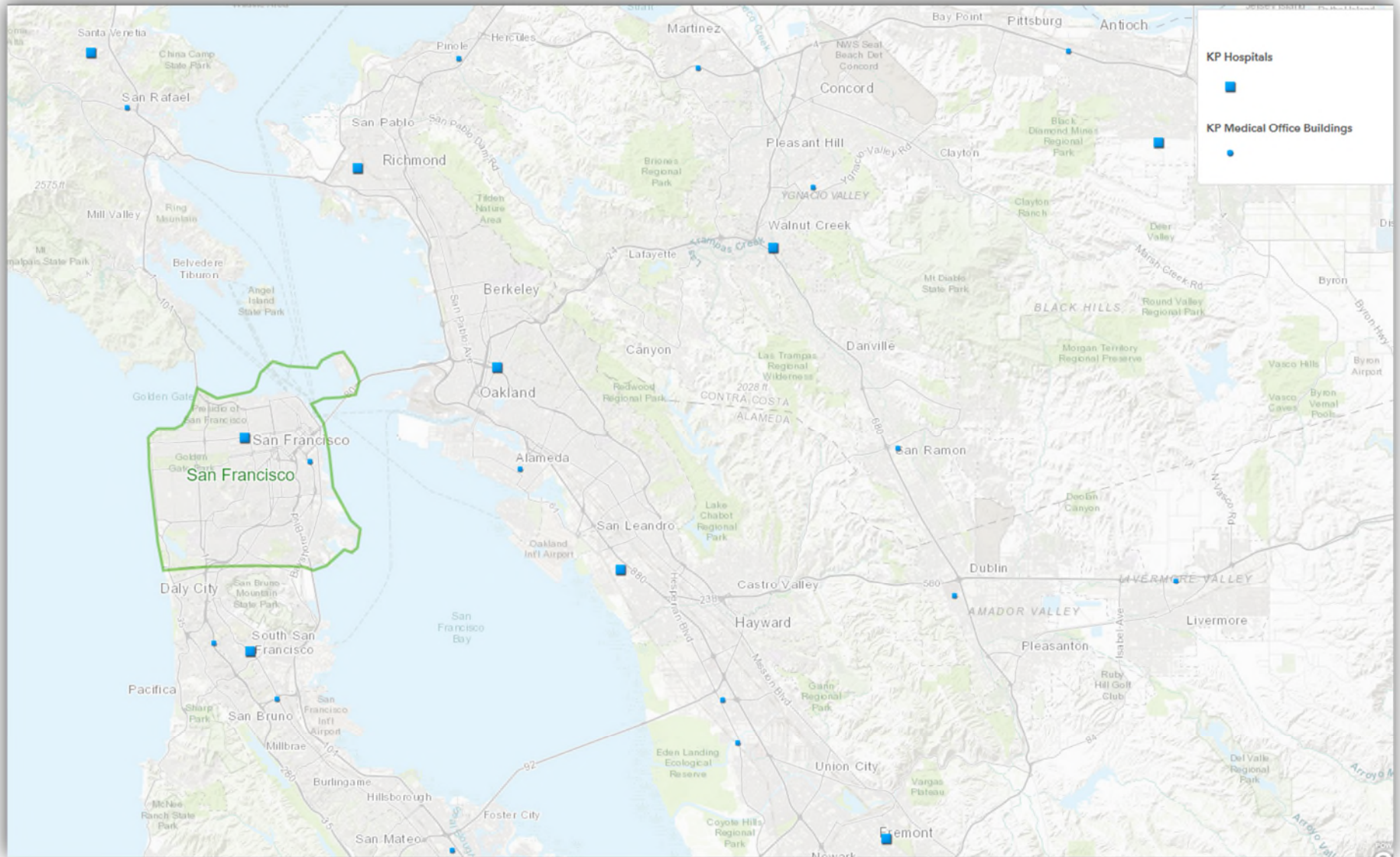
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	850,282
White	48.2%
Black/African American	5.3%
Asian	33.8%
Native American/ Alaskan Native	0.4%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	7.0%

Multiple Races	4.9%
Hispanic/Latino	15.3%
Total Living in Poverty (<100% FPL)	12.5%
Children Living in Poverty	11.5%
Unemployment Rate	2.3%
Uninsured Population	6.9%
Adults with No High School Diploma	12.6%

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



KFH-San Francisco, also referred to in this report as Kaiser Permanente-San Francisco (KP-San Francisco), has a service area that comprises the City and County of San Francisco. The service area also includes a nine-story medical office building in Mission Bay that opened in March 2016.

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

KFH-San Francisco's 2016 Community Health Needs Assessment (CHNA) is posted on the internet at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs KFH-San Francisco would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-San Francisco is addressing in the 2017-2019 three-year cycle:

1. Behavioral Health includes both Psychosocial Health and Substance Abuse

Psychosocial or mental health and well-being is crucial to supporting, maintaining, and optimizing life quality. A state of mental disorder or stress can adversely impact one's ability to perform across various facets of life: at work, at home, and socially, and also affect the families, caregivers, and communities of those afflicted. Poorer mental health status is associated with greater participation in risky health behaviors (e.g., smoking, low physical activity, insufficient sleep, excessive drinking) that can in turn promote chronic disease. In San Francisco, 23.2% of residents reported needing mental health care compared to 16.6% of Californians. In addition, 35% of African Americans, 29.9% of Whites and 27% of Latinos reported needing mental health care. During the community conversations, residents expressed concern about complete access to medical care, including dental and especially mental health services. Participants believed that mental health services could help ameliorate domestic abuse and suicide issues in their communities. Some cultures feel stigma associated with accessing mental health services.

The effects of substance abuse include poor academic performance, cognitive functioning deficits, unintended pregnancy, HIV and other sexually transmitted diseases, motor vehicle crashes, violence, child abuse, crime, homicide, chronic diseases including liver disease and certain cancers (e.g., colon and rectal, liver, breast cancer, prostate cancer), and mental and behavioral disorders (unipolar depressive disorders, epilepsy, suicide). Alcohol use is associated with 22% of all traffic related fatalities. Cigarette smoking increases risk of heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, breast, and cervix. There is growing concern that electronic cigarettes may cause addiction among non-smokers and reverse decades of work to de-normalize smoking. In San Francisco, more than 40% of white, African American, and Latino students have used marijuana. Binge drinking is highest among white and Latino high school students. In 2014, 20% of San Francisco callers to the California Smoker's Helpline were LGBTQ.

2. Access to Coordinated, Culturally and Linguistically Appropriate Care Across the Continuum

Access to quality health care and services affects physical, social, and mental health status. Health care utilization prevents disease and disability, detects and treats health conditions, maintains quality of life, delays death, and extends life expectancy. Effective, inclusive access to health care and services will also reduce the economic barriers to care and cost within the entire delivery system. In community conversations held during the CHNA, culturally and linguistically appropriate care and services, connection to health care services and a medical home, and integration and coordination of services across the continuum were brought up repeatedly. Community input clearly indicated residents were not uniformly benefiting from services available through commercial, Covered California subsidized insurance, or Healthy San Francisco.

3. Healthy Eating and Active Living

Good nutrition provides key building blocks for growth, repair, and maintenance of our bodies. Breastfeeding protects against infant illness and death and is associated with improved lifelong health outcomes. Good nutrition can alleviate stress, depression, pollution, and lack of stamina and sexual vitality. It can prevent and help remedy obesity, acute illness, and the leading causes of preventable hospitalization and early death. Drinking water instead of caloric beverages, such as soda, is recommended as the best way to hydrate without consuming excess calories. In San Francisco, 44% of low-income adults report food insecurity; 33% of adults report consuming at least one soda each day; 10% of high school students drink one or more sodas per day; 33% of middle and high school students are overweight or obese; and 35% of male high school students and 59% of female high school students report trying to lose weight.

Regular physical activity helps improve overall health and fitness, and reduces risk for many chronic health conditions, including obesity, cardiovascular disease, type 2 diabetes, metabolic syndrome, and cancer (breast and colon). It also helps with strengthening bones and muscles and improving mental health, mobility, and longevity. In San Francisco public schools, one-third of middle and high school students are overweight or obese. Latino and African American adults and youth are disproportionately overweight or obese, and the youth are less active than other populations and the City as a whole.

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

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

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Youth Employment participants employed within each hospital area's community at large.

Table C

KFH-San Francisco

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$13,986,658
Charity care: Medical Financial Assistance Program ^b	6,952,301
Grants and donations for medical services ^c	847,358
Subtotal	\$21,786,318
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$64,537
Grants and donations for community-based programs ^e	1,498,513
Community Benefit administration and operations ^f	366,362
Subtotal	\$1,929,413
Benefits for the Broader Community^g	
Community health education and promotion programs	\$2,371
Community Giving Campaign administrative expenses	27,496
Grants and donations for the broader community ^h	169,788
National board of directors fund	25,041
Subtotal	\$224,696
Health Research, Education, and Training	
Graduate Medical Education	\$9,532,237
Non-MD provider education and training programs ⁱ	1,035,524
Grants and donations for health research, education, and training ^j	61,193
Health research	978,042
Subtotal	\$11,606,995
Total Community Benefits Provided	\$35,547,422

TABLE C ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.
- e. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- f. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- g. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre Programs performances or health education programs.
- h. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- i. Amount reflects the net expenditures for health professional education and training programs.
- j. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-San Francisco’s 2018 Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-San Francisco Community Benefit Plan/Implementation Strategy Report posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The examples below provide highlights for a select number of programs, grants, collaboration and/or assets that address the identified health needs in KFH-San Francisco. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Access to Care and Coverage	In 2018, there were 73 grants totaling \$1,057,003.67 that addressed Access to Care in the KFH-San Francisco service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 8,653 Medi-Cal members and 786 Charitable Health Coverage (CHC) members. And 5,837 individuals received Medical Financial Assistance (MFA).</p> <p>PHASE: San Francisco Community Clinic Consortium (SFCCC) received a three-year \$500,000 grant to support the successful use of PHASE among member health center organizations. SFCCC is creating a robust data analytic infrastructure to support its health centers with data on a regular basis. SFCCC is reaching almost 15,000 patients through PHASE; 78% of patients with diabetes and 76% of those with hypertension have their blood pressure controlled.</p> <p>211: United Way of the Bay Area received a \$95,000 grant (even split with eight KFH hospital service areas) to support 211, which provides health and human services resources and information to people who call, text, or visit its website. In the six Bay Area counties, it is expected that 211 staff will answer 50,000 calls and texts and 60,000 users will visit 211’s Bay Area website.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Electronic health record: San Francisco General Hospital Foundation received \$5,000,000 to support implementation of the Epic electronic health record system to improve patient coordination, safety, and access to data for research that will promote better health outcomes for more than 100,000 people who seek care at San Francisco General Hospital each year.</p> <p>Social non-medical services: Swords to Plowshares received \$25,000 to assist 700 homeless and at-risk veterans through individualized case management and connection to social non-medical services, including housing stability and permanent placement for 300 veterans.</p>
Healthy Eating Active Living	In 2018, there were 23 grants totaling \$348,117.17 that addressed Healthy Eating Active Living in the KFH-San Francisco service area.	<p>CalFresh: San Francisco Marin Food Bank received a \$95,000 grant (even split with KFH-San Rafael) to increase staff capacity to provide CalFresh outreach and increase collaboration with new partner agencies that largely serve immigrant communities. To date, the Food Bank has screened 2,326 individuals for food insecurity, submitted 382 applications, and received 200 approved applications. The Food Bank held trainings for 20 agencies and added two new application assistance agency partners.</p> <p>Parks: San Francisco Parks Alliance received a \$75,000 grant to renovate the Merced Heights playground. The renovation will include installing new playground equipment, providing residents with a welcoming, accessible place to gather and play. Detailed designs of the playground are complete, and construction is expected to begin in April 2019, with completion expected in late 2019. The playground is projected to serve 2,236 children and youth in the surrounding neighborhood.</p> <p>Partnership: KFH-San Francisco was one of the founders of Shape Up San Francisco more than 10 years ago and continues as an active collaborator in this group of Department of Public Health experts and service providers dedicated to chronic disease management through preventive behavioral change. In 2018, Shape Up SF provided expertise to the Sugary Drinks Distributor Tax Advisory Committee to decide how to spend \$10 million from this groundbreaking initiative.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Mental Health & Wellness	In 2018, there were 49 grants totaling \$828,744.56 that addressed Behavioral Health in the KFH-San Francisco service area.	<p>Resilience: Huckleberry Youth Programs, Inc. received a \$98,000 grant to improve the trauma-informed school culture and provide mental health services to students at Martin Luther King and Willie L. Brown Jr. middle schools. It is expected that a minimum of 30 students impacted by trauma will receive academic and social emotional support and all 830 students will receive information about how to access mental health services.</p> <p>Stigma: A total of \$120,000 in grants was awarded to three organizations to address mental health stigma in African American, Latino, and Asian Pacific Islander communities. Through education, outreach and a media campaign, it is expected that people will increase their understanding of mental health as a part of overall health and be more likely to access services.</p> <p>Street-based services: KFH-San Francisco provided \$50,000 to Downtown Streets Team to enhance outreach efforts to 1,500 individuals and to engage 90 homeless and marginally housed persons in intensive street-based services, including employment, training, and connections to housing and social supports.</p> <p>Mobile services: Project Homeless Connect received \$50,000 to deliver services and support through a mobile van to homeless individuals unable or unwilling to access fixed-site service providers. There were 6,500 encounters and 4,700 individuals were served.</p> <p>Support services: San Francisco AIDS Foundation was awarded \$35,000 for its Todos Somos Familia (We Are Family) program to train 15 bilingual Latinx individuals with lived experience of homelessness and substance abuse to conduct outreach, reach 360 persons, and engage 90 individuals in a network of culturally appropriate support.</p>