



Kaiser Foundation Hospital – Northern California Region

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

WALNUT CREEK

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

Kaiser Foundation Hospital (KFH)-Walnut Creek

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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 comprising 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 (two medical centers), 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.c

III. KFH-Walnut Creek Community Served

A. Kaiser Permanente’s Definition of Community Served

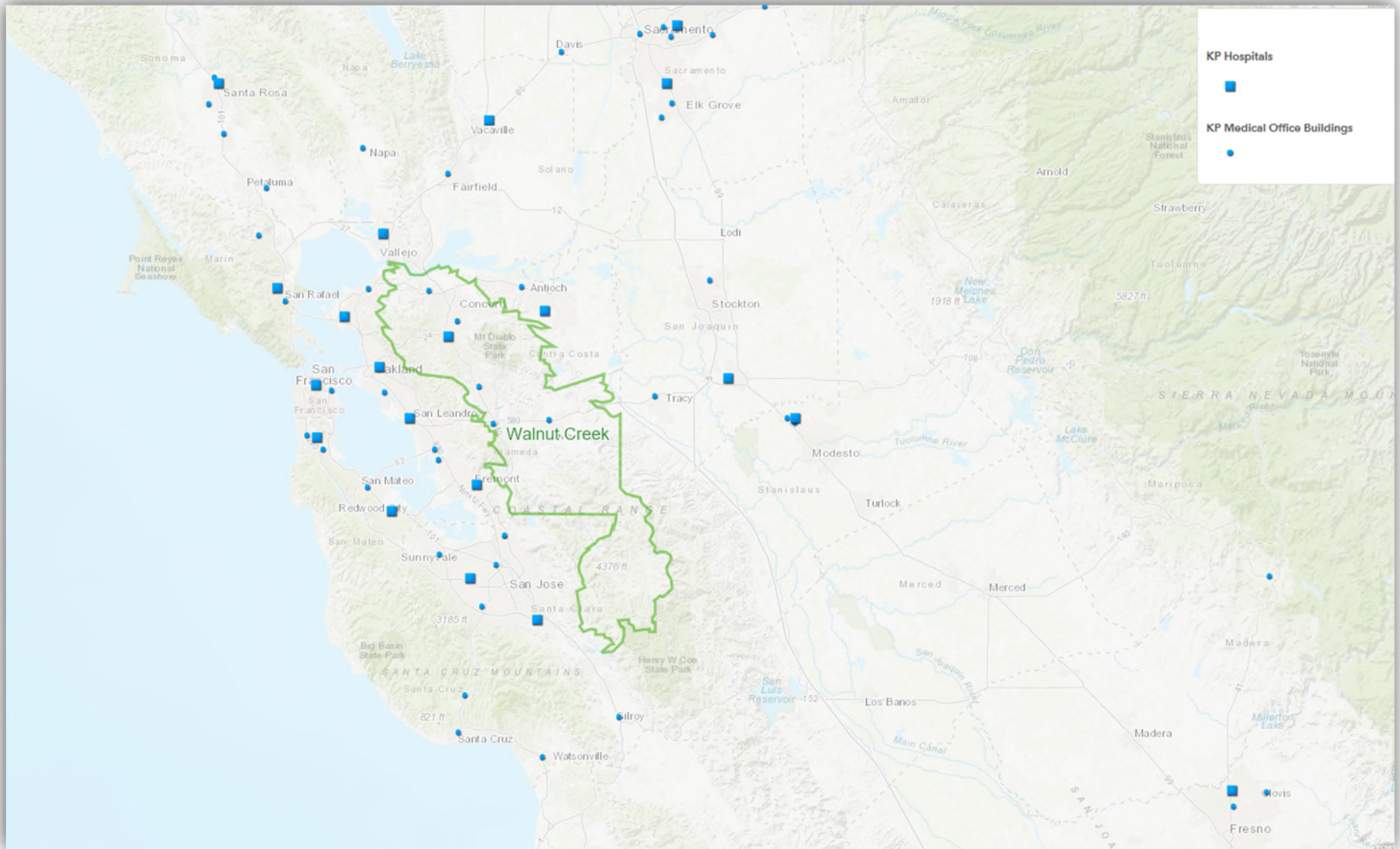
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Walnut Creek

| | |
|-----------------------------------|---------|
| Total Population | 750,746 |
| White | 69.6% |
| Black/African American | 2.5% |
| Asian | 18.4% |
| Native American/ Alaskan Native | 0.3% |
| Pacific Islander/ Native Hawaiian | 0.4% |
| Some Other Race | 3.3% |

| | |
|-------------------------------------|-------|
| Multiple Races | 5.4% |
| Hispanic/Latino | 14.5% |
| Total Living in Poverty (<100% FPL) | 6.2% |
| Children Living in Poverty | 6.3% |
| Unemployment Rate | 3.0% |
| Uninsured Population | 5.5% |
| Adults with No High School Diploma | 5.8% |

C. Map and Description of Community Served by KFH-Walnut Creek



The KFH-Walnut Creek service area includes communities in Contra Costa and Alameda counties. The major cities and communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and Walnut Creek in Contra Costa County.

IV. Description of Community Health Needs Addressed by KFH-Walnut Creek

KFH-Walnut Creek’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-Walnut Creek 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-Walnut Creek is addressing in the 2017-2019 three-year cycle:

1. Health Care Access and Delivery

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting their quality of life.

2. Obesity, Diabetes, Healthy Eating, Active Living (renamed “Healthy Eating, Active Living” for brevity)

Healthy diets, and achievement and maintenance of healthy body weights reduce the risk of chronic diseases, including diabetes and obesity. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. For example, having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Similarly, having access to appropriate, safe, and free or low-cost physical activity options in their local community allows people to engage in more active living. When such opportunities are not available locally, people are likely to be less physically active. Creating and supporting healthy environments allows people to make healthier choices and live healthier lives.

3. Behavioral Health

Mental health (including sub-clinical stress, anxiety, and depression, in addition to diagnosed mental health disorders) and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term “behavioral health.” Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol.

Mental health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with challenges. Good mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or society. It also plays a major role in people’s ability to maintain good physical health. Mental illness such as depression and anxiety affects people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. The effects of

substance abuse contribute to costly social, physical, mental, and public health problems. These problems include but are not limited to teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide. Advances in research have led to the development of effective evidence-based strategies to address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

V. 2018 Year-End Results for KFH-Walnut Creek

A. 2018 Community Benefit Financial Resources Provided by KFH-Walnut Creek

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-Walnut Creek

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

| | |
|--|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ^a | \$14,246,332 |
| Charity care: Medical Financial Assistance Program ^b | 7,662,278 |
| Grants and donations for medical services ^c | 302,501 |
| Subtotal | \$22,211,111 |
| Other Benefits for Vulnerable Populations | |
| Youth Employment programs ^d | \$52,446 |
| Grants and donations for community-based programs ^e | 797,523 |
| Community Benefit administration and operations ^f | 464,071 |
| Subtotal | \$1,314,039 |
| Benefits for the Broader Community^g | |
| Community health education and promotion programs | \$3,004 |
| Community Giving Campaign administrative expenses | 34,830 |
| Grants and donations for the broader community ^h | 104,099 |
| National board of directors fund | 31,719 |
| Subtotal | \$173,651 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$332,999 |
| Non-MD provider education and training programs ⁱ | 1,335,844 |
| Grants and donations for health research, education, and training ^j | 32,143 |
| Health research | 1,238,886 |
| Subtotal | \$2,939,871 |
| Total Community Benefits Provided | \$26,638,672 |

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-Walnut Creek’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-Walnut Creek 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-Walnut Creek. 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 44 grants totaling \$422,503.00 that addressed Access to Care in the KFH-Walnut Creek service area. | <p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 10,020 Medi-Cal members and 318 Charitable Health Coverage (CHC) members. And 6,156 individuals received Medical Financial Assistance (MFA).</p> <p>Navigation: KFH-Antioch awarded a \$40,000 grant (split with KFH-Antioch) to La Clínica de la Raza to increase access to health care services for 1,950 low-income families in east and central Contra Costa County by providing one-on-one health care navigation support in utilizing health care services.</p> <p>Operation Access: Operation Access received a \$350,000 grant (split with 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. Overall, 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.</p> |

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
|---|---|---|
| | | <p>211: Contra Costa Crisis Center (CCCC) received a \$50,000 grant (split with three KFH hospital service areas) to operate 211, which provides language-specific information and referral services to residents via voice and text lines. Through updates to the database, staff training, and partnerships with other organizations, CCCC expects to increase the number of calls and texts to its call center, reaching at least 34,000 individuals.</p> |
| <p>Healthy Eating Active Living</p> | <p>In 2018, there were 42 grants totaling \$464,536.90 that addressed Health Eating Active Living in the KFH-Walnut Creek service area.</p> | <p>CalFresh: Alameda County Community Food Bank received a \$95,000 grant (even split with four KFH hospital service areas) to increase enrollment in SNAP (Supplemental Nutrition Assistance Program), which targets low-income clients, including seniors and immigrants living throughout Alameda County. To date, the program has submitted 678 completed CalFresh applications and 80% were approved.</p> <p>Parks: First 5 Contra Costa received a \$75,000 grant (split with KFH-Antioch) to implement park improvements and programming at Ambrose Park, which primarily serves low-income families of color. The improvements will increase access to physical activity opportunities and improve social cohesion. More than 1,000 residents living near the park will benefit from the improvements.</p> <p>Nutrition education: KFH-Walnut Creek provided a \$30,000 grant (split with KFH-Antioch) to 18 Reasons to train lay educators to deliver Cooking Matters, a six-week cooking and nutrition education series, to low-income communities in east and central Contra Costa. 18 Reasons will offer at least 28 six-week Cooking Matters cooking and nutrition series, and at least 40 Cooking Matters at the Store grocery store tours to more than 450 low-income Diablo area residents.</p> <p>Produce distribution: KFH-Walnut Creek gave the Food Bank of Contra Costa & Solano a \$30,000 grant (split with KFH-Antioch) to support Farm2Kids, a program that distributes more than 320,000 pounds of fresh produce weekly to more than 3,800 children in after-school programs in Concord, Bay Point, Pittsburg, and Antioch neighborhoods. Participating after-school programs are in schools where more than 50% of the children are eligible for free and reduced-price meal programs.</p> <p>Partnership: KFH-Walnut Creek serves on the Executive Committee of Healthy & Active Before 5, a pediatric obesity prevention initiative focused on health equity for children 0 to 5 and their families in Contra Costa County.</p> |

| Need | Summary of Impact | Top 3 to 5 examples of most impactful efforts |
|--------------------------|---|--|
| Mental Health & Wellness | In 2018, there were 21 grants totaling \$240,462.65 that addressed Mental Health and Wellness in the KFH-Walnut Creek service area. | <p>Case management in shelter: KFH-Walnut Creek provided a \$20,000 grant to Shelter, Inc. to serve 120 homeless individuals who are living temporarily at its family emergency shelter in Martinez. Clients receive case management services and families are linked with mental health and other needed services to help improve the family's social and emotional wellness.</p> <hr/> <p>Mental health for seniors: KFH-Walnut Creek gave a \$10,000 grant (even split with KFH-Antioch) to Meals on Wheels and Senior Outreach Services for an intergenerational senior visiting program, providing weekly home visits and phone check-ins for older adults living in central and east Contra Costa County. The goal is to alleviate feelings of loneliness, isolation, and depression among 310 seniors.</p> <hr/> <p>Mental health in schools: KFH-Walnut Creek provided a \$20,000 grant to support a health and wellness district consultant at four low-income schools in Livermore Valley Joint Unified School District, with a combined student population of 2,000. The consultant will increase support for mental and behavioral services, oversee a coordination of services team (COST) to improve at-risk youth outcomes; direct early and periodic screening, diagnostic, and treatment (EPSDT) services to identify areas of needs; and partner with community and county services to increase access and services for students within the school setting and outside.</p> |