Consolidated Community Benefit Plan 2019

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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 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

Kaiser Foundation Hospital – Southern California Region

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

ANAHEIM and IRVINE

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

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III. KFH-OC-Anaheim and Irvine Community Served

A. Kaiser Permanente's Definition of Community Served

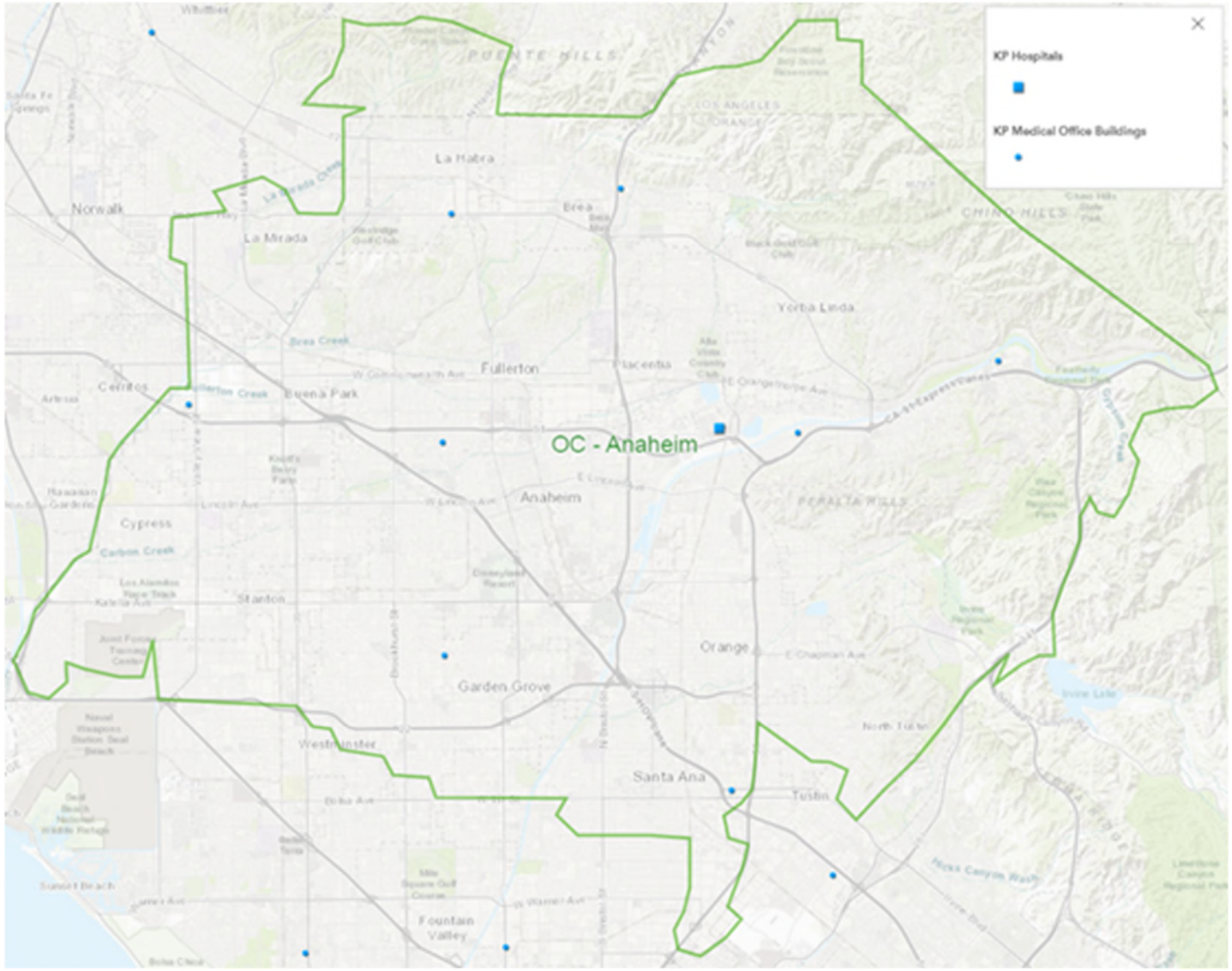
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

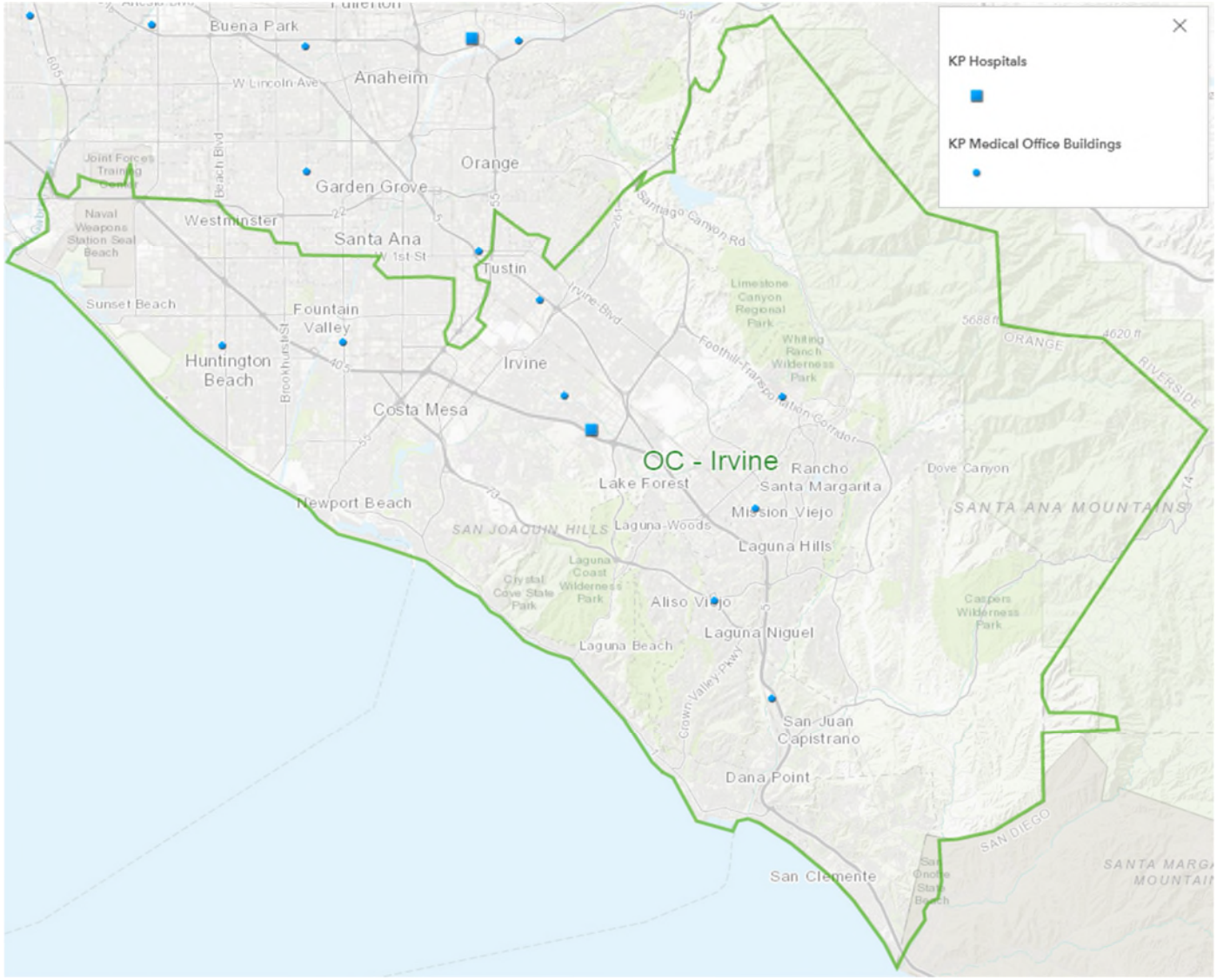
The KFH-Anaheim service area includes Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

The KFH-Irvine service area includes Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

KFH-Anaheim Service Area Map



KFH-Irvine Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Anaheim and KFH-Irvine service areas. 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.

KFH-Anaheim Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,518,877	Living in Poverty (<100% Federal Poverty Level)	14.57%
Asian	19.72%	Children in Poverty	21.42%
Black	1.76%	Unemployment	2.9%
Hispanic/Latino	44.94%	Uninsured Population	14.96%
Native American/Alaska Native	0.22%	Adults with No High School Diploma	20.70%
Pacific Islander/Native Hawaiian	0.29%		
Some Other Race	0.13%		
Multiple Races	2.07%		
White	30.87%		

KFH-Irvine Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,670,518	Living in Poverty (<100% Federal Poverty Level)	10.35%
Asian	18.49%	Children in Poverty	12.09%
Black	1.34%	Unemployment	2.8%
Hispanic/Latino	24.57%	Uninsured Population	9.82%
Native American/Alaska Native	0.19%	Adults with No High School Diploma	10.80%
Pacific Islander/Native Hawaiian	0.27%		
Some Other Race	0.25%		
Multiple Races	3.05%		
White	51.85%		

IV. Description of Community Health Needs Addressed by KFH-OC-Anaheim and Irvine

The following are the health needs that KFH-OC-Anaheim and Irvine 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*.

KFH-Anaheim Service Area

A. Access to Care

Limited access to health care impacts people's ability to reach their full potential and negatively affects their overall health and quality of life. In the Anaheim MCA, 20.8% of the total civilian, non-institutionalized population lacks health insurance coverage. The percentage of uninsured in the Anaheim MCA is higher than Orange County (17.4%) and California (17.9%). People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the Anaheim MCA is highest among young adults, especially in the Hispanic/Latino population and among immigrants (particularly those who are undocumented). Barriers to health care access in the Anaheim MCA include the financial cost of care, lack of affordable specialty care providers, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the Anaheim MCA, as the area's transportation system leaves much to be desired, and half of the population (53.9%) lives in a geographic area designated as a "Health Professional Shortage Area." Additionally, there are too few providers who accept Medi-Cal, an issue that will be compounded by the influx of newly insured population as a result of implementation of the Affordable Care Act.

B. Economic Security

Poverty is a primary social determinant of health and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe space for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization. In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWorks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the Anaheim MCA, 15.9% of children live in poverty, and 11.28% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/Latino populations, as well as Native American/Alaska Native, and Native Hawaiian/Pacific Islander communities. Within the Anaheim MCA, 22.9% of the population aged 25 and above lacks a high school diploma and 7.0% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

C. Mental and Behavioral Health

Good mental health plays a crucial role in the health and wellbeing of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 8.4 per 100,000 people in the Anaheim MCA; suicide incidence is a major indicator of mental illness. The Anaheim MCA's suicide incidence has seen steady increase. In 2011, 12.4% of the adult population reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves or use of alcohol or drugs. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one's ability to participate in health-promoting and coping behaviors. Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. The County's mental health program serves about 34% of Orange County residents with a serious mental health illness, leaving about two-thirds with private care or no care.

D. Obesity/HEAL/Diabetes

Over half of the adults in the Anaheim MCA, and 41.2% of children, are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age. Lack of life-long healthy eating, active living and weight management skills result in elevated rates of obesity/overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

KFH-Irvine Service Area

A. Access to Care

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access

dental care. Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due existing partnerships and collaborations that can help address this need.

B. Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security. There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is "job rich and housing poor". While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in unstable housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14.

C. Mental and Behavioral Health

Mental and behavioral 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 can 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 and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,00 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine's collaboration with public health and community health partners to best address this health need.

D. Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both the worsening weight status among children and adults, and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12. From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65 years old, Hispanics/Latinos, African-Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

V. 2018 Year-End Results for KFH-OC-Anaheim and Irvine

A. 2018 Community Benefit Financial Resources Provided by KFH-OC-Anaheim and Irvine

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: KFH-OC-Anaheim and Irvine 2018 Year-End Community Benefit Expenditures

	Anaheim 2018 Totals	Irvine 2018 Totals
Medical Care Services for Vulnerable Populations		
Medi-Cal shortfall[1]	$24,954,159	$14,199,212
Charity care: Medical Financial Assistance Program[2]	$11,449,110	$520,039
Grants and donations for medical services[3]	$191,047	$93,900
Subtotal	***$36,594,316***	***$14,813,151***
Other Benefits for Vulnerable Populations		
Summer Youth and INROADS programs[5]	$34,967	-
Grants and donations for community-based programs[6]	$499,424	$322,637
Community Benefit administration and operations[7]	$497,106	$269,926
Subtotal	***$1,031,497***	***$592,563***
Benefits for the Broader Community[8]		
Community health education and promotion programs	$69,847	$57,001
Kaiser Permanente Educational Theatre	$336,467	$225,340
Community Giving Campaign administrative expenses	$11,475	$9,365
Grants and donations for the broader community[9]	$101,002	$72,348
National board of directors fund	$20,729	$16,917
Subtotal	***$539,520***	***$380,971***
Health Research, Education, and Training		
Graduate Medical Education	$3,215,557	$10,835
Non-MD provider education and training programs[10]	$499,917	$370,194
Grants and donations for health research, education, and training[11]	$50,882	$41,524
Health research	$593,291	$484,175
Subtotal	***$4,359,647***	***$906,728***
Total Community Benefits Provided	**$42,524,980**	**$16,693,413**

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-OC-Anaheim and Irvine 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-Anaheim Implementation Strategy Report and the KFH-Irvine 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-Anaheim and Irvine. 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-Anaheim and Irvine 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 109 events in 29 schools in the KFH-Anaheim communities, reaching 11,837 youth and 757 adults.
    - In 2018, Educational Theater provided 73 events in 20 schools in the KFH-Irvine communities, reaching 5,940 youth and 343 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2018, Kaiser Permanente paid 9 grants, totaling $536,667, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $465,000 that address this need. During 2018, Kaiser Permanente paid 6 grants, totaling $371,667, addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2	**Providing Affordable Healthcare** In 2018, KFH-Anaheim provided $24,954,159 in medical care services to 28,126 Medi-Cal recipients (both health plan members and non-members) and $11,449,110 in medical financial assistance (MFA) for 11,198 beneficiaries. In 2018, KFH-Irvine provided $14,199,212 in medical care services to 17,060 Medi-Cal recipients (both health plan members and non-members) and $520,039 in medical financial assistance (MFA) for 3,086 beneficiaries.
		Preserving and Expanding California Coverage Gains~ 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: • 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
	grants, totaling $465,000 that address this need.	**Increasing Breast Health Care Knowledge** Susan G Komen, an important stakeholder, strengthens breast health care knowledge at shelters and temporary housing organizations to reach, educate and enable homeless women to have access to clinical breast exams and mammography. Over two years (2017-2018), Kaiser Permanente paid Susan G Komen $40,400 to: • Hold screenings in key community locations close to homeless shelters or community organizations that provide food baskets in key cities. As a result, 66 women received an appointment and 100 women have received effective education at shelters and family resource centers. The outreach for sign ups was done at the shelter but primarily at food pantry locations and family resource centers. • Through efforts at the 8 key locations – 206 women received free clinical breast exams, screening mammograms and where navigate do diagnostic care if needed. These women where below the 200% FPL and were enrolled in Every Woman Counts Program or had Medi-Cal. • 78 breast cancer survivors received financial assistance and mental health services.
		Transforming the Healthcare Delivery Model of OC Community Health Clinics Live Healthy OC is an integrative health initiative among funders, academia, and nonprofits whose goal is to help support the transformation of the healthcare delivery model of Orange County Community Health Clinics from a disease-focused delivery model to a focus on prevention and wellness. Over two years (2017-2018), Kaiser Permanente's public affairs' staff assisted HFPOC to: • Share institutional best practices from the medical care and funders perspective • Serve more than 33,000 patients at seven clinics per year, of which 68% are Medi-Cal recipients and 47% of patients are below 100% of the FPL. The prevalent chronic diseases addressed include diabetes, obesity, and hypertension.

Need	Summary of impact	Examples of most impactful efforts
Economic Security	During 2018, Kaiser Permanente paid 6 grants, totaling $174,000, addressing the priority health need in the KFH-Anaheim service area. During 2018, Kaiser Permanente paid 4 grants, totaling $129,000, addressing the priority health need in the Irvine service area.	**Contracting Social Enterprises** Social enterprises are competitive, revenue-generating businesses with a clear social mission to hire and provide training to people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises provide a real paying job and often provide wraparound services that help employees build skills and stabilize their lives. Kaiser Permanente supports these businesses by identifying and creating contractual relationships. Over two years (2017-2018), KFH-Anaheim and Irvine contracted with the following social enterprise(s): • Monkey Business Café for food catering. • Doing Good Works for promotional materials.
		Increasing Latino Medical School Applicants in California~ The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid $25,000 to LPOC to: • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.

Need	Summary of impact	Examples of most impactful efforts
		Raising Awareness of the California Earned Income Tax Credit~ Golden State Opportunity (GSO) leads and supports efforts related to economic security such as job creation, community development, and distribution of benefits. In 2018, Kaiser Permanente paid $75,000 to GSO to: • Support GSO's efforts to expand its innovative California Earned Income Tax Credit (Cal EITC) outreach and education. • Inform 250,000 low-income workers on Cal EITC eligibility and benefits through digital advertising, peer-to-peer text messaging, and grassroots outreach. • Train 25 community partners on smart digital targeting, community messaging, and peer-to-peer text messaging to outreach and engage in the Cal EITC campaign.
		Implementing Integrated Solutions to End Homelessness A community-wide initiative led by Orange County United Way, will work to ensure integrated and sustainable solutions are implemented for people suffering from homelessness in Orange County. Over two years (2017-2018), Kaiser Permanente partnered with OC United Way to: • Provide long-term housing with supportive care to those who need it the most homelessness in Orange County. • Identify locations at which homeless individuals can be permanently housed, while addressing the underlying challenges that led them to live on the streets in the first place. Mark Costa, Kaiser Permanente Orange County senior vice president and area manager is a member of the leadership council for the United to End Homelessness.
		Building Primary Care Capacity~ 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	During 2018, Kaiser Permanente paid 6 grants, totaling $249,500, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $140,000 that address this need.	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.
	During 2018, Kaiser Permanente paid 4 grants, totaling $190,000, addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.	**Improving Services for Human Trafficking Survivors~** The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
		Reducing Mental Health Stigma in Schools* The National Alliance on Mental Illness (NAMI) Orange County reduces mental health stigma and improves resilience in Orange County schools with its Mental Health Education Initiative for OC Schools Project. In 2018, Kaiser Permanente paid $40,000 to NAMI to: • Offer four programs in up to 15 middle/high schools: 1) Mental Health 101 2) NAMI Basics 3) Ending the Silence and 4) NAMI on Campus that focus on prevention, early intervention and stigma reduction for students. • Train new Mental Health 101 facilitators.

Need	Summary of impact	Examples of most impactful efforts
		Transforming Mental Health and Wellness Be Well Orange County is an initiative that aims to improve mental health service deliver in Orange County. Be Well OC brings together a robust, community-based cross-sector strategy to create a community-wide, coordinated ecosystem to support optimal mental health. Over two years (2017-2018), Kaiser Permanente partnered with Be Well OC to: • Collaborate with local stakeholders including, University of California, Irvine; Providence St. Joseph Health; Hoag Hospital; Orange County United Way; NAMI Orange County; Chapman University; Cal State University, Fullerton; Saddleback Church; Roman Catholic Diocese of Orange; Orange County Sheriff; Anaheim Fire and Rescue; CHOC; Memorial Medical Center; Orange County Behavioral Health Services; and others. • Create a transformed mental health and wellness network. Mark Costa, senior vice president and area manager for Kaiser Permanente Orange County, is part of the backbone leadership and has been working to establish community wellness hubs along with the County and other hospital systems. https://bewelloc.org/
Obesity / HEAL/ Diabetes	During 2018, Kaiser Permanente paid 7 grants, totaling $475,000, addressing the priority health need in the KFH-Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 9 grants, totaling $1,598,611 that address this need. During 2018, Kaiser Permanente paid 6 grants, totaling $405,000,	**Practicing Food Recovery and Redistribution** Kaiser Permanente envisions food services 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 to recover 15,180 lbs of food and distribute to organizations serving individuals in the KFH-Anaheim and Irvine region who face food insecurity.
		Improving Access to Nutritious Foods~* California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, KP paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

Need	Summary of impact	Examples of most impactful efforts
	addressing the priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 5 grants, totaling $836,111 that address this need.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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.
		Fighting Food Insecurity~ 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Building Healthy School Communities This is a collaborative between Kid Healthy and the Orange County Department of Education (OCDE) and it represents a new method to deliver physical activity tools centered on Mindful Moving. The applications for parents and students on the playground has the ability to make a significant impact on reducing stress, anxiety, and helping students become better prepared to head back to class. Over two years (2017-2018), Kaiser Permanente paid $80,000 to Kid Healthy to: • Support Mindful Movement training will take place on February 26, led by Chris Corliss, Coordinator, Physical Activity & Physical Education, at the Orange County Department of Education (OCDE). At this time 50 (22 school volunteer coordinators (VC's), 22 parent volunteers and 6 KH regional staff) will learn program overview, benefits, and "how to" implement the tools on the playground. • Provide training on Run4Fun activities on October 30th and November 13, also led by Chris and held at OCDE. 47 VC's have been trained or provided a refresher training of Run4Fun activities. 12 kits were distributed to schools who did not receive the kit last year or are new to the program. • 30 schools to implement Run4Fun programming during lunch recess • Teach at 15 parent meetings, reaching an additional 175 trained parents.
		Eliminating Hunger and Reducing Food Waste Waste Not OC is a public-private coalition formed with the goal of eliminating hunger and reducing food waste by facilitating the donation of wholesome surplus food from permitted food facilities to local pantries. The overall vision of the coalition is to end hunger in Orange County using a three-step approach: Redirecting unwanted wholesome food to local pantries; Identifying individuals impacted by food insecurity; and, connecting those individuals to sources of food. Over two years (2017-2018), Kaiser Permanente partnered with Waste Not OC to: • Recover 30.6 million pounds of food, which is equivalent to 25 million meals. • Develop and disseminate a food insecurity flyer available at both medical center locations to direct members and visitors to local food pantries and are asking the food insecurity questions in all our pediatric departments.

Kaiser Foundation Hospital – Northern California Region

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

ANTIOCH

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

III. KFH-Antioch Community Served

A. Kaiser Permanente's Definition of Community Served

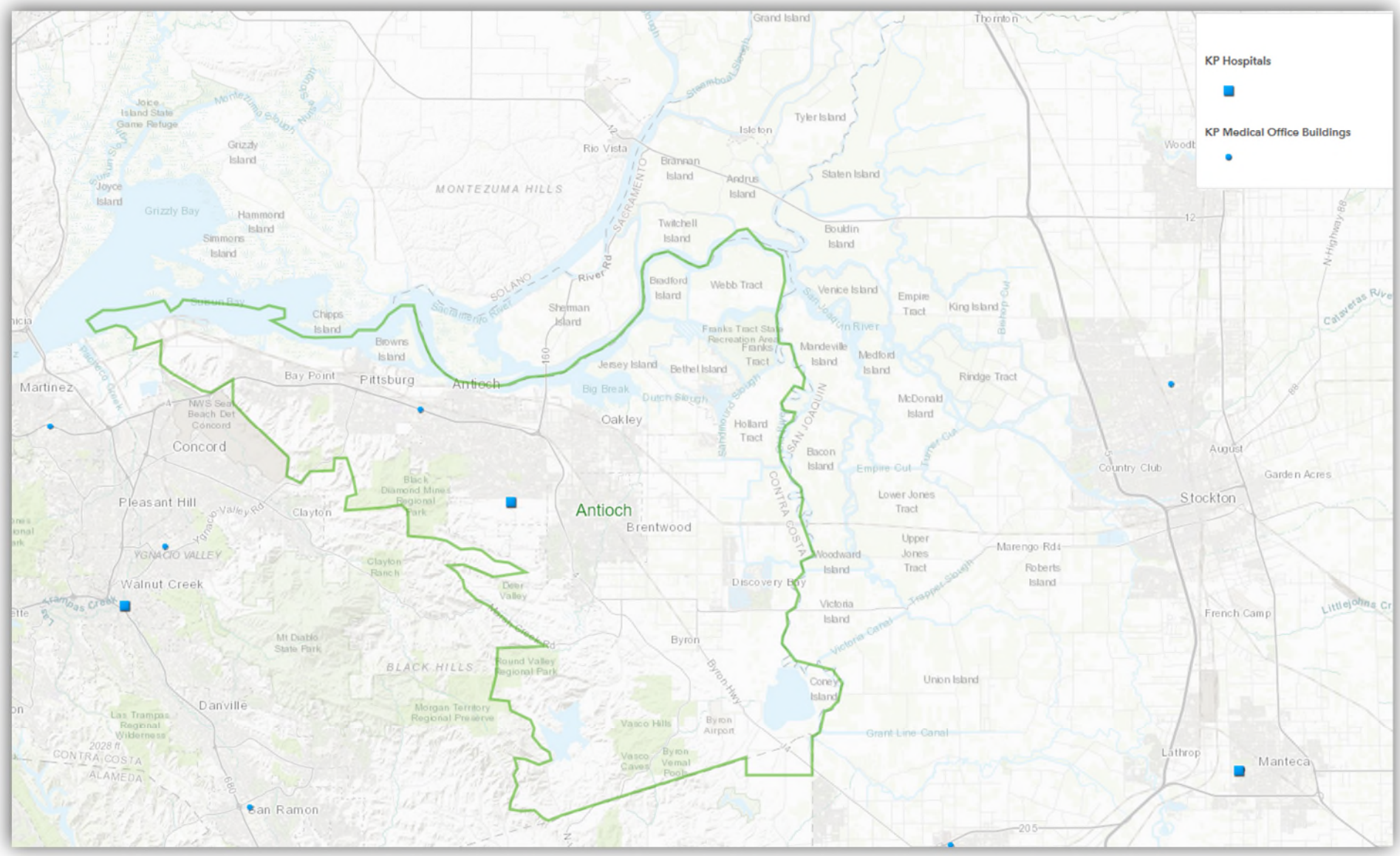
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	318,900
White	52.7%
Black/African American	13.6%
Asian	10.4%
Native American/ Alaskan Native	0.8%
Pacific Islander/ Native Hawaiian	0.7%
Some Other Race	13.6%

Multiple Races	8.0%
Hispanic/Latino	34.6%
Total Living in Poverty (<100% FPL)	12.7%
Children Living in Poverty	18.0%
Unemployment Rate	3.1%
Uninsured Population	9.6%
Adults with No High School Diploma	15.0%

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



The KFH-Antioch service area comprises the eastern portion of Contra Costa County, which includes the cities of Antioch, Bay Point, Brentwood, Knightsen, Oakley, and Pittsburg.

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

KFH-Antioch'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-Antioch 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-Antioch 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-Antioch

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

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-Antioch

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$24,217,665
Charity care: Medical Financial Assistance Program[b]	5,062,520
Grants and donations for medical services[c]	311,313
Subtotal	**$29,591,498**
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$5,827
Grants and donations for community-based programs[e]	1,233,834
Community Benefit administration and operations[f]	248,214
Subtotal	**$1,487,876**
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,607
Community Giving Campaign administrative expenses	18,629
Grants and donations for the broader community[h]	81,010
National board of directors fund	16,965
Subtotal	**$118,211**
Health Research, Education, and Training	
Graduate Medical Education	$178,925
Non-MD provider education and training programs[i]	322,439
Grants and donations for health research, education, and training[j]	33,203
Health research	662,634
Subtotal	**$1,197,201**
Total Community Benefits Provided	**$32,394,786**

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-Antioch'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-Antioch 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-Antioch. 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 41 grants totaling $456,930.50 that addressed Access to Care in the KFH-Antioch service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 13,984 Medi-Cal members and 260 Charitable Health Coverage (CHC) members. And 4,381 individuals received Medical Financial Assistance (MFA).
		Navigation: KFH-Antioch awarded a $40,000 grant (split with KFH-Walnut Creek) 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.
		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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		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.
Healthy Eating Active Living	In 2018, there were 36 grants totaling $411,361.90 that addressed Health Eating Active Living in the KFH-Antioch service area.	**Nutrition education**: KFH-Antioch provided a $30,000 grant (split with KFH-Walnut Creek) 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.
		Produce distribution: KFH-Antioch gave the Food Bank of Contra Costa & Solano a $30,000 grant (split with KFH-Walnut Creek) 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.
		Parks: First 5 Contra Costa received a $75,000 grant (split with KFH-Walnut Creek) 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.
		CalFresh: Food Bank of Contra Costa & Solano received a $95,000 grant (even split with five KFH hospital service areas) to increase CalFresh enrollment with a focus on Medi-Cal recipients, WIC clients, Latinos, seniors, and families with children in low-income school districts. To date, the Food Bank has screened 194 individuals for CalFresh eligibility and submitted 133 applications. Of those, 47 were approved.
		Partnership: KFH-Antioch 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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Mental Health & Wellness	In 2018, there were 27 grants totaling $677,083.04 that addressed Mental Health and Wellness in the KFH-Antioch service area.	**Student mental health**: KFH-Antioch provided a $20,000 grant to support Lincoln's School Engagement Program (SEP), which provides intensive case management to 40 students from east Contra Costa County schools who are struggling with chronic truancy/absenteeism. SEP reduces the anxiety and depression that leads to trauma and puts students on an academic and mental path to success.
		Stigma: La Clínica De La Raza and Antioch Unified School District received a total of $180,000 in grants to address mental health stigma. Stigma reduction efforts included outreach and education to parents and training for school staff. It is expected that participants will have increased knowledge about mental health's role in overall health and be more likely to access mental health services.
		Resilience: Lincoln received a $98,000 grant to develop a trauma-informed environment at Hillview Junior High School by providing trauma-informed mental health services to students, training for teachers and staff, and support for overall school culture change. To date, 21 students have received mental health services and seen improvements in interpersonal skills, resilience, school classroom behavior and relationships with teachers.
		Partnership: KFH-Antioch's partnership with other health systems as part of the East & Central County Access Action Team (ECCAAT) supports the mental health pilot project at Antioch Unified School District through technical assistance and funding.

Kaiser Foundation Hospital – Southern California Region

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

BALDWIN PARK

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

III. KFH-Baldwin Park Community Served

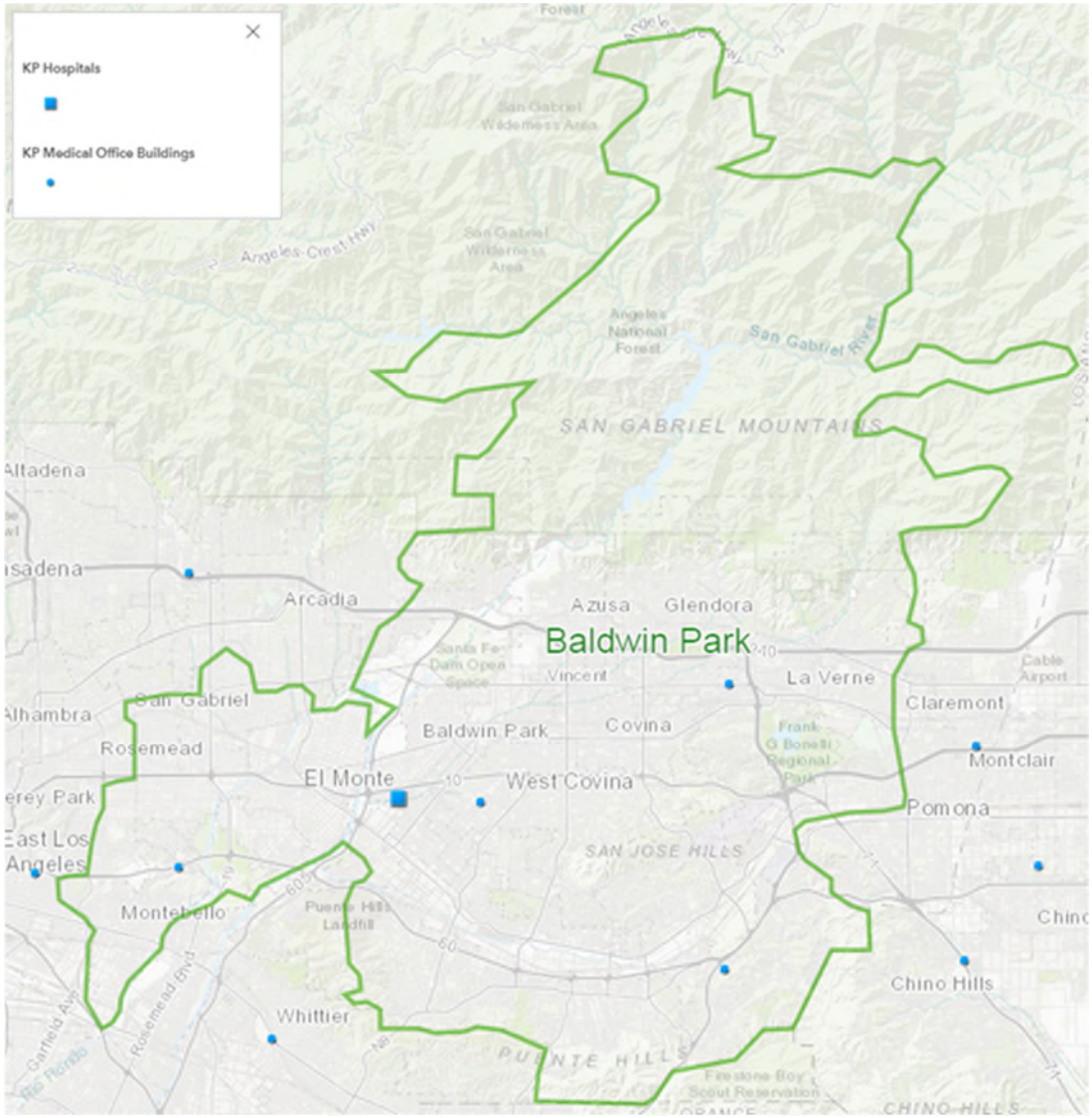
A. Kaiser Permanente's Definition of Community Served

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-Baldwin Park service area includes Azusa, Baldwin Park, Covina, Diamond Bar, Duarte, El Monte, Glendora, Hacienda Heights, Irwindale, Industry, La Puente, La Verne, Montebello, Monterey Park, Pomona, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Temple City, Walnut, and West Covina.

KFH-Baldwin Park Service Area Map



A. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Baldwin Park 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	1,191,524	Living in Poverty (<100% Federal Poverty Level)	13.88%
Asian	28.25%	Children in Poverty	19.94%
Black	2.08%	Unemployment	4.1%
Hispanic/Latino	52.94%	Uninsured Population	15.15%
Native American/Alaska Native	0.25%	Adults with No High School Diploma	23.60%
Pacific Islander/Native Hawaiian	0.21%		
Some Other Race	0.15%		
Multiple Races	1.35%		
White	14.77%		

IV. Description of Community Health Needs Addressed by KFH-Baldwin Park

The following are the health needs that KFH-Baldwin Park 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. Obesity/HEAL/Diabetes

Obesity/HEAL/Diabetes is a combination of Diabetes, Obesity/Overweight, and Healthy Behaviors or HEAL (healthy eating, active living). In the KFH-Baldwin Park service area, nearly one in four (25.7%) adults (18 years or older) and one in five (19.0%) youth (ages 2 to 11 years) are obese. Nearly one in eight (12.0%) residents in the service area has been diagnosed with diabetes, and the uncontrolled diabetes hospitalization rate in the service area is almost five times that of the state of California (13.5 per 100,000 vs. 2.8 per 100,000). Finally, more than one third (34.1%) of the Latino population in the service area and one third (38.9%) of the population with less than a high school education is food insecure. This health need was selected because of the magnitude and severity of obesity and diabetes in the service area, and the observed high rates of food insecurity, indicating the difficulty that many residents face in accessing healthy food. KFH-Baldwin Park has many existing partnerships and initiatives that can be leveraged to support healthy, active lifestyles in the service area.

B. Access to Care

Access to care is defined as access to high quality, affordable, holistic, and culturally responsive care. One in five residents in the Baldwin Park service area (20.2%) are uninsured, and one in ten (10.0%) have had difficulty accessing a medical specialist. Over one third (39.0%) of foreign-born Latinos in the service area have had difficulty accessing medical care. Additionally, the rate of preventable hospitalizations in the service area (100.4 per 10,000 population) is 9% higher than the rate in Los Angeles County (92.2 per 10,000 population). The high rates of uninsured and difficulty in accessing medical care reflects the need for more linguistically and culturally responsive providers and improved patient referral infrastructure, including the co-location of specialty care providers. This health need was selected because of the severity of the issue in the service area and the breadth of existing community programs working to expand culturally responsive health care.

C. Mental and Behavioral Health

Mental health refers not only to the absence of negative mental health states (anxiety, depression, mental illness) but also the presence of positive mental health states (self-worth, satisfaction, effective emotional regulation, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Baldwin Park service area include the high rates of youth mental health hospitalization rate which is 1.5 times

higher than the rate in the state of California (451.6 vs. 294.8 per 100,000 population). Moreover, more than one in five teens in the service area (22.8%) is at risk for depression. This health need was selected because culturally-based social stigma around receiving mental health care is a principal issue impacting the service area. KFH-Baldwin Park aims to continue to support existing programs and resources that raise mental health awareness on high school campuses and introduce trauma-informed approaches into youth development programs.

D. Economic Security

Economic security is defined as having stable access to employment, educational and housing opportunities and other factors that influence health, including food insecurity and access to affordable fresh food. In the KFH-Baldwin Park service area, approximately one in seven residents (14.3%) is living below 100% of the federal poverty level. More specifically, one in five (20.5%) children are living below 100% of the poverty level. While these rates are on par with the state of California (16.4% and 22.7%, specifically), they indicate that large portions of the resident population very likely face difficulty in accessing health care, healthy food and secure housing. Economic insecurity in the service area is exacerbated by the comparatively low education levels of the resident population: about one in four (24.4%) of adult residents have less than a high school education compared to less than one in five residents of the state of California. This health need was selected because one of the greatest concerns in the service area is the housing instability and homelessness that results from the high poverty rates.

V. 2018 Year-End Results for KFH-Baldwin Park

A. 2018 Community Benefit Financial Resources Provided by KFH-Baldwin Park

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: KFH-Baldwin Park 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$16,799,682
Charity care: Medical Financial Assistance Program[2]	$7,213,075
Grants and donations for medical services[3]	$94,759
Subtotal	***$24,107,516***
Other Benefits for Vulnerable Populations	
Educational Outreach Program	$977,755
Summer Youth and INROADS programs[5]	$111,583
Grants and donations for community-based programs[6]	$442,590
Community Benefit administration and operations[7]	$423,237
Subtotal	***$1,955,165***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$60,024
Kaiser Permanente Educational Theatre	$314,859
Community Giving Campaign administrative expenses	$9,861
Grants and donations for the broader community[9]	$76,185
National board of directors fund	$17,814
Subtotal	***$478,743***
Health Research, Education, and Training	
Graduate Medical Education	$238,277
Non-MD provider education and training programs[10]	$365,180
Grants and donations for health research, education, and training[11]	$58,727
Health research	$509,858
Subtotal	***$1,172,042***
Total Community Benefits Provided	**$27,713,466**

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 several related denominators 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-Baldwin Park 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-Baldwin Park 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-Baldwin Park. 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-Baldwin Park 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:

- The Kaiser Permanente's Educational Outreach Program (EOP) empowers families and children through a variety of educational, counseling and social programs. In 2018, EOP provided services to 921 individuals (predominately of Latino descent), reaching 339 children, 421 teens and young adults and 253 adults.
- 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 102 events in 34 schools in the KFH-Baldwin Park communities, reaching 14,027 youth and 528 adults.

Need	Summary of impact	Examples of most impactful efforts
Obesity/ HEAL/Diabetes	During 2018, Kaiser Permanente paid 19 grants, totaling $780,447, addressing the priority health need in the KFH-Baldwin Park service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 6 grants, totaling $998,611 that address this need.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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.
		Fighting Food Insecurity~ 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: • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

Need	Summary of impact	Examples of most impactful efforts
		Growing Gardens Eco Urban Gardens aims to improve healthy eating habits for students in the El Monte Union High School District to prevent obesity, diabetes, and chronic illnesses. In 2018, Kaiser Permanente paid $10,000 to Eco Urban Garden to: • Teach students how to cultivate gardens, grow crops, and harvest for the culinary arts kitchen at two sites: Best of Thymes and Arroyo Garden. At the Best of Thymes site: • Over 720 students will plant vegetables to prep more than 200 healthy meals weekly and harvest 36 beds with winter crops, herbs, and edible flowers • 2,200 volunteer hours will be spent in the garden At the Arroyo Garden site: • 900 students will cultivate and harvest crops for the culinary arts kitchen and 160 students will prep over 320 healthy meals weekly
		Promoting Food Recovery and Redistribution Kaiser Permanente envisions food services 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 to recover 4,558.5 lbs of food and distribute to organizations serving individuals in the KFH-Baldwin Park region who face food insecurity.
Access to Care	During 2018, Kaiser Permanente paid 12 grants, totaling $402,167, addressing the priority health need in the KFH-Baldwin Park 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.	**Providing Affordable Healthcare** In 2018, KFH-Baldwin Park provided $16,799,682 in medical care services to 24,151 Medi-Cal recipients (both health plan members and non-members) and $7,213,075 in medical financial assistance (MFA) for 7,805 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Preserving and Expanding California Coverage Gains~ 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: • 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.
		Connection to Care Garfield Health Center's (GHC) Connection to Care program is a comprehensive outreach and enrollment program to improve access to preventive and primary health care, including behavioral and oral health care services for low-income, under and uninsured families, adults, and seniors. In 2018, Kaiser Permanente paid $7,500 to Garfield Health Center to: • Refer 1,000 individuals to GHC's health care services during outreach in the field • Conduct a minimum of 400 medical, dental and/or mental health screenings during outreach at health fairs, schools, and other community events. • Conduct three monthly health education sessions.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	During 2018, Kaiser Permanente paid 14 grants, totaling $352,000, addressing the priority health need in the KFH-Baldwin Park service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $140,000 that address this need.	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.
		Building Cultural Competency in the Mental Health Workforce* Foothill Family Services Mental Health Workforce Development Project trains and educates direct service staff, including graduate interns, to be culturally competent and current in evidence-based practices. In 2018, Kaiser Permanente paid $40,000 to: • Increase the number of clinical training sessions to fifteen. • Increase the number of graduate interns (e.g., MFT or MSW) recruited by 10% annually. • Train and educate over 200 direct service staff.
		Implementing Social Emotional Health Survey for Students Baldwin Park Unified School District (BPUSD) aims to reduce the type and severity of mental health concerns by helping school mental health teams assess students' personal and social strengths, in addition to psychological distress and risk factors. In 2018, Kaiser Permanente paid $15,000 to BPUSD to: • Implement the Covitality Social Emotional Health Survey for 9th and 10th grade students as a universal mental health screener. • High School and BPUSD staff will review and analyze all student reports. • High School mental health staff will meet with students with high levels of distress.

Need	Summary of impact	Examples of most impactful efforts
Economic Security	During 2018, Kaiser Permanente paid 10 grants, totaling $131,169, addressing the priority health need in the KFH-Baldwin Park service area.	**Raising Awareness of the California Earned Income Tax Credit~** Golden State Opportunity (GSO) leads and supports efforts related to economic security such as job creation, community development, and distribution of benefits. In 2018, Kaiser Permanente paid $75,000 to GSO to: • Support GSO's efforts to expand its innovative California Earned Income Tax Credit (Cal EITC) outreach and education. • Inform 250,000 low-income workers on Cal EITC eligibility and benefits through digital advertising, peer-to-peer text messaging, and grassroots outreach. • Train 25 community partners on smart digital targeting, community messaging, and peer-to-peer text messaging to outreach and engage in the Cal EITC campaign.
		Food for All in Southern California California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, Kaiser Permanente paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers. • Produce and distribute two reports that increase knowledge among administrators, advocates, and the public about county by county Cal-Fresh utilization and underutilization.

Need	Summary of impact	Examples of most impactful efforts
		Emergency Assistance Center for the Homeless The East San Gabriel Valley Coalition for the Homeless (ESGVCH) aims to support individuals experiencing homelessness to maintain stability and gain self-sufficiency by providing shelter, alleviating hunger, assisting with basic needs and housing. ESGVCH's Emergency Assistance Center provides homeless individuals with and families with access to hygienic care, food, and resources for shelter. The Bridge Program provides emergency housing and case management. In 2018, Kaiser Permanente paid $12,000 to ESGVCH to: • Provide referrals and resources to human services agencies who may assist with permanent housing and supportive services, such as rental assistance, affordable childcare, and job assistance. • Provide opportunity for personal hygiene to promote health and enhance self-esteem. • Provide emergency shelter through motel vouchers.
		Building the Capacity of Small Businesses Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016, KFH-Baldwin Park joined this county-wide initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned.

Kaiser Foundation Hospital – Southern California Region

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

DOWNEY

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

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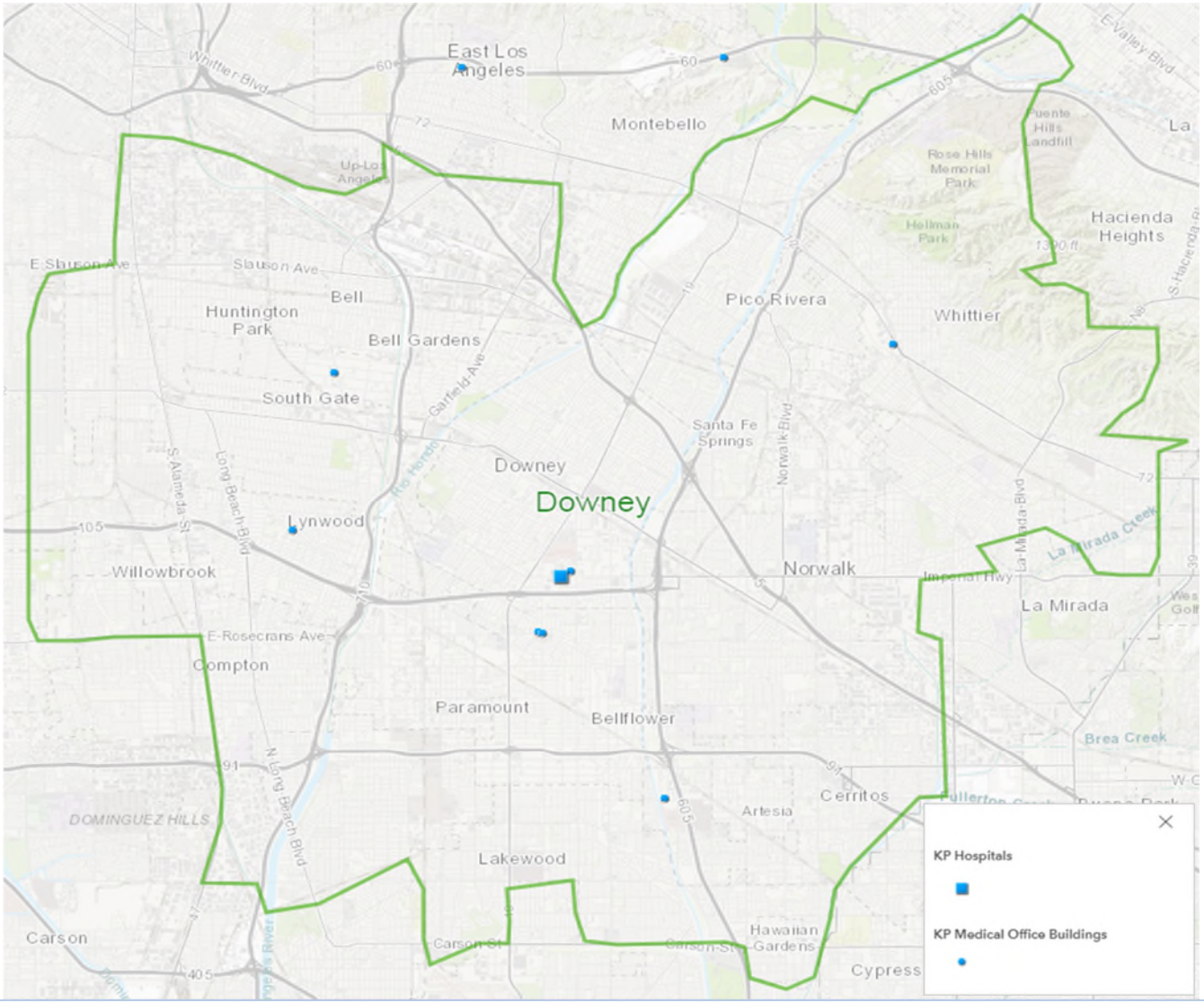
A. Kaiser Permanente's Definition of Community Served

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-Downey service area includes Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Florence-Graham, Hawaiian Gardens, Huntington Park, Lakewood, Lynwood, Maywood, North Long Beach, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, portions of South Los Angeles, Vernon, Watts, Whittier, and Willowbrook.

KFH-Downey Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Downey 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	1,512,831	Living in Poverty (<100% Federal Poverty Level)	19.78%
Asian	7.33%	Children in Poverty	28.75%
Black	7.50%	Unemployment	4.1%
Hispanic/Latino	73.81%	Uninsured Population	18.64%
Native American/Alaska Native	0.21%	Adults with No High School Diploma	33.60%
Pacific Islander/Native Hawaiian	0.30%		
Some Other Race	0.24%		
Multiple Races	0.89%		
White	9.73%		

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

The following are the health needs that KFH-Downey 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 care was rated by the community as the #3 priority health need in the service area. In the KFH-Downey service area, over one-third of the population has Medi-Cal coverage. Over one-quarter of the population (25.9%) are uninsured, which translates to 74.1% with health insurance. These data were obtained before the full implementation of the Affordable Care Act and the insurance coverage expansion. Therefore, 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. Community input on access to care indicated the availability of insurance coverage is improving access to care. However, 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. Violence/Injury Prevention

Community violence is pervasive, especially in inner-city urban areas. Socioeconomic status and crime interconnect and contribute to community violence. High rates of crime and violence impact on families' feelings of safety and tend to reduce community interaction and outside physical activities. Death rates as a result of violence and injury are higher in the service area than in the state. In the hospital service area, homicide is a top cause of premature death and the community identified the pervasive effect of crime and violence on feelings of safety. Concern about violence keeps people inside their homes and reduces community interaction. Violence is also experienced at high rates within families, among youth and at schools. As a result, community safety was ranked by the community as the #5 health priority in the service area.

C. Mental and Behavioral Health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. Through community input, mental health was rated the #2 priority health need. The status of mental health in a community can be examined by looking at rates of help seeking behavior for prevention or treatment and/or suicide, among others. Community stakeholders identified the ongoing stigma associated with having a mental health problem and this prevents individuals from seeking needed services. A major concern voiced by community members is the lack of resources available for mental health.

Vulnerable populations, such as the homeless, the undocumented and seniors, have an especially difficult time obtaining mental health services.

D. 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-Downey service area, Blacks/African Americans and Latinos/Hispanics tend to have higher rates of overweight and obesity, while Asians have lower rates. Overweight/obesity was rated the #1 priority health need by the community. The community identified that being overweight contributes to diabetes, cardiovascular disease and asthma. 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 the service area, South East Los Angeles has the highest percentage of adults diagnosed with diabetes. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. When the rate of ER visits and hospitalizations for diabetes are examined by place in the service area, Compton (90221) has the highest ER rate for diabetes (65.9) and Compton has the highest hospitalization rate for diabetes (52.9). The community rated diabetes as the #4 highest priority health need.

E. HIV/AIDS/STIs

STIs continue to be a major public health problem. 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. The service area is experiencing very high rates of sexually transmitted infections. Teens and young adults, age 15-29, and Blacks/African Americans, have the highest rates of sexually transmitted infections. Community stakeholders indicate the stigma associated with STIs. This stigma may result in inadequate education and communication about this health outcome. The community ranked STIs as the #8 priority in the service area. However, because of the severity of the issue among subpopulations increase in STIs and the negative impact on positive birth outcomes and reproductive help, STIs were selected as health need KFH-Downey would address through its community benefit initiatives.

V. 2018 Year-End Results for KFH-Downey

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

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: KFH-Downey 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$27,051,934
Charity care: Medical Financial Assistance Program[2]	$8,059,832
Grants and donations for medical services[3]	$348,568
Subtotal	***$35,460,325***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$1,057,048
Summer Youth and INROADS programs[5]	$175,626
Grants and donations for community-based programs[6]	$432,561
Community Benefit administration and operations[7]	$563,099
Subtotal	***$2,228,334***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$83,103
Kaiser Permanente Educational Theatre	$657,499
Community Giving Campaign administrative expenses	$13,653
Grants and donations for the broader community[9]	$135,477
National board of directors fund	$24,663
Subtotal	***$914,395***
Health Research, Education, and Training	
Graduate Medical Education	$524,411
Non-MD provider education and training programs[10]	$957,000
Grants and donations for health research, education, and training[11]	$65,539
Health research	$705,890
Subtotal	***$2,252,840***
Total Community Benefits Provided	**$40,855,894**

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.

[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 after scholarships 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-Downey 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-Downey 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:

- The Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In 2018, WLC provided services to 1,112 individuals (predominately of African-American and Latino descent), reaching 252 children, 493 teens and young adults, and 367 adults.

- 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 2019, Educational Theater provided 213 events in 36 schools in the KFH-Downey communities, reaching 19,279 youth and 1,161 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	*During 2018, Kaiser Permanente paid 7 grants, totaling $471,652, addressing the priority health need in the KFH-Downey service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 5 grants, totaling $1,081,667 that address this need.*	**Providing Affordable Healthcare** In 2018, KFH-Downey provided $27,051,934 in medical care services to 41,075 (both health plan members and non-members) and $8,059,832 in medical financial assistance (MFA) for 8,002 beneficiaries.
		Building Primary Care Capacity: 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: • 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.
		Improving Patient and Provider Experience St. John's Well Child and Family Center is an independent community health center. They serve patients of all ages through a network of Federally Qualified Health Centers and school-based clinics. In 2018, Kaiser Permanente paid $50,000 to St. John's Well Child and Family Center to: Hire a bilingual Patient Navigator who provided patient portal enrollment and instruction to 5,825 adult patients; assisted 2,952 patients with completing a pre-medical visit survey; and referred 1,780 patients to supportive services, including health education classes, case management, benefit enrollment, mental health and dental care.
		Collaborating Around Homelessness Connecting the Dots Homelessness Coalition links internal Kaiser Permanente operational leaders to community-based resources that can help meet the needs of homeless individuals. Over two years (2017-2018), KFH-Downey leadership organized the Connecting the Dots Coalition through a series of eleven community conversations aimed at identifying gaps in community resources for homeless individuals and working together to find better ways to connect individuals with housing support programs and clinical care.

Need	Summary of impact	Examples of most impactful efforts
		Preserving and Expanding California Coverage Gains~ 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: • 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.
Violence / Injury Prevention	*During 2018, Kaiser Permanente paid 2 grants, totaling $100,000, addressing the priority health need in the KFH-Downey service area.*	**Mentoring Opportunities for Underserved Populations** Elevate Your Game provides one-on-one and small group mentoring and internships for underserved urban students to lift up their grades, attendance, and maturity to empower them to be leaders. Over two years (2017-2018), Kaiser Permanente paid $70,000 to Elevate your Game to: • Mentor over 400 students. • Mobilize other organizations to mentor over 1,047 youth during the two-year period.
		Building Life Skills for Students Urban Compass provides students opportunities to visit local colleges, including Loyola Marymount University, West Los Angeles College and Pasadena City College In 2018, Kaiser Permanente paid Urban Compass $50,000 to: Provide Saturday workshops which focused on leadership, life skills, college planning, understanding A-G requirements, social emotional wellbeing and career exploration.

Need	Summary of impact	Examples of most impactful efforts
		Providing Safe Environments for At-Risk Youth The GRYD Foundation holds Summer Night Lights (SNL) programming to provide extended recreational, athletic, artistic, and health and wellness programming and linkages to community resources throughout the City of Los Angeles. Over two years (2017-2018), Kaiser Permanente paid $90,000 to SNL to: • Support case management services to 86 at risk-youth. • Serve 434,644 total meals across 32 sites with a variety of healthy choices. • Provide Zumba, Play Rugby, Go Stadia Go, Dance, and Yoga for 9,385 community members. • Engage 695,430 community members across all SNL sites.
Mental and Behavioral Health	*During 2018, Kaiser Permanente paid 9 grants, totaling $408,500, addressing the priority health need in the KFH-Downey service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $140,000 that address this need.*	**Providing Mental Health Programs for Students, Families, and Teachers** Community Family Guidance Center (CFGC) aims to support the success of children and families by reducing the impact of childhood trauma and abuse, encouraging the development of positive social and emotional skills, and strengthening healthy family relationships. In 2018, Kaiser Permanente paid $50,000 to CFGC to: • Establish a presence at LAUSD schools in the cities of Cudahy and Bell. Corona Elementary school in Bell and Jaime Escalante Elementary school in Cudahy benefited from the presence of CFGC clinicians on campus. • Offer Triple P, an evidence-based parenting program, for families, conduct trainings for teachers and staff on stress, self-care and mindfulness, and work with administration, school counselors and Department of Child & Family Services social workers to coordinate mental health services for students in need.

Need	Summary of impact	Examples of most impactful efforts
		Building Community Capacity to Address Mental Health Charles Drew University of Medicine and Science in partnership with the California Black Women's Health Project and the Black Beauty Shop Health Foundation works to reduce mental health stigma and improve resilience for black women living in SPA 6 through their Mindful Beauty program. The program consists of a seven week culturally competent educational program designed to build community capacity and social support systems. In 2018, Kaiser Permanente paid the university $40,000 to: • Train stylists about depression and resources for mental health care services. • Prepare stylists to recommend available mental health care services to their clients and act as mediators to help increase the behavioral intention of their clients to seek mental health care treatment.
		Strengthening Mental Health Policies and Practices in Schools 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Collaboration Around Mental Health The Los Angeles County Service Area (SA) 7 Mental Health - Health Action Lab strives to understand the mental health needs of SA 7 communities and works collaboratively to address gaps in services. The Mental Health - Health Action Lab hosted a case management symposium in 2017 designed to create awareness among case managers of community resources and case management best practices. The symposium was held October 24, 2017 with 159 attendees representing case managers from area nonprofits. A member of the KFH-Downey community health department served on the planning committee, and Wendy M. DeVreugd, RN, Assistant Medical Center Administrator of Operations and Continuing Care was the keynote speaker at the event.
Obesity / HEAL/ Diabetes	*During 2018, Kaiser Permanente paid 20 grants, totaling $1,560,242, addressing the priority health need in the KFH-Downey 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 $1,398,611 that address this need.*	**Addressing Health Needs** Watts Healthcare Corporation is a Federally Qualified Health Center dedicated to serving the underinsured and uninsured community surrounding Watts. In 2017-2018, Kaiser Permanente paid $25,000 to Watts Healthcare Corporation to: • Address the complex needs of the clinic's diabetic patients. • Identify patients with high Hemoglobin A1C (more than 9) and provided education, exercise, peer support, and nutrition counseling. • Hire a full-time diabetes project coordinator and began implementation of the group visit model for their patients.

Need	Summary of impact	Examples of most impactful efforts
		Advocating for Maternal, Infant, and Child Health 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: • 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.
		Fighting Food Insecurity 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Collaborating Around Food Insecurity The Los Angeles Service Planning Area (SPA) 7 Food Security Coalition is focused on addressing food insecurity and increasing access to healthy foods in the communities of Bellflower, Downey, Norwalk, Whittier, Santa Fe Springs, Los Nietos and Walnut Park. The Food Security coalition is committed to addressing food insecurity within SPA 7 by utilizing best practices, such as increasing CalFresh enrollment and the promotion and utilization of the Free Summer Meal program. The summer meal program was promoted within Kaiser Permanente Downey Medical Center pediatric departments, and in 2018, 45 individuals representing 15 local agencies attended CalFresh enrollment training to help build community capacity for enrollment support.
		Promoting Food Recovery and Redistribution 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 to recover 29,309 pounds of food and distribute to nonprofit organizations serving individuals in the KFH-Downey region who face food insecurity.

Kaiser Foundation Hospital – Southern California Region

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

FONTANA and ONTARIO

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®
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III. KFH-Fontana and Ontario Community Served

A. Kaiser Permanente's Definition of Community Served

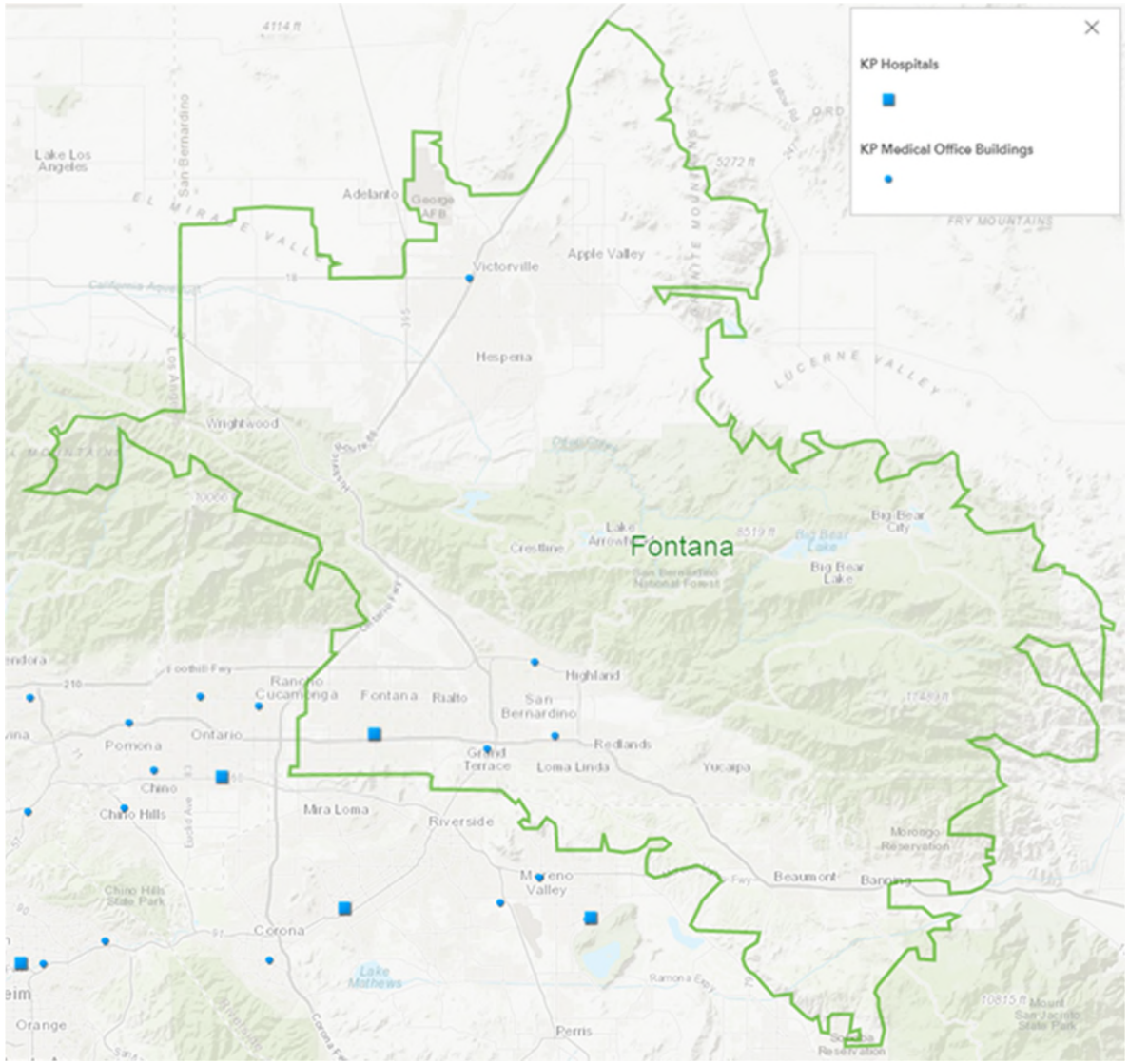
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

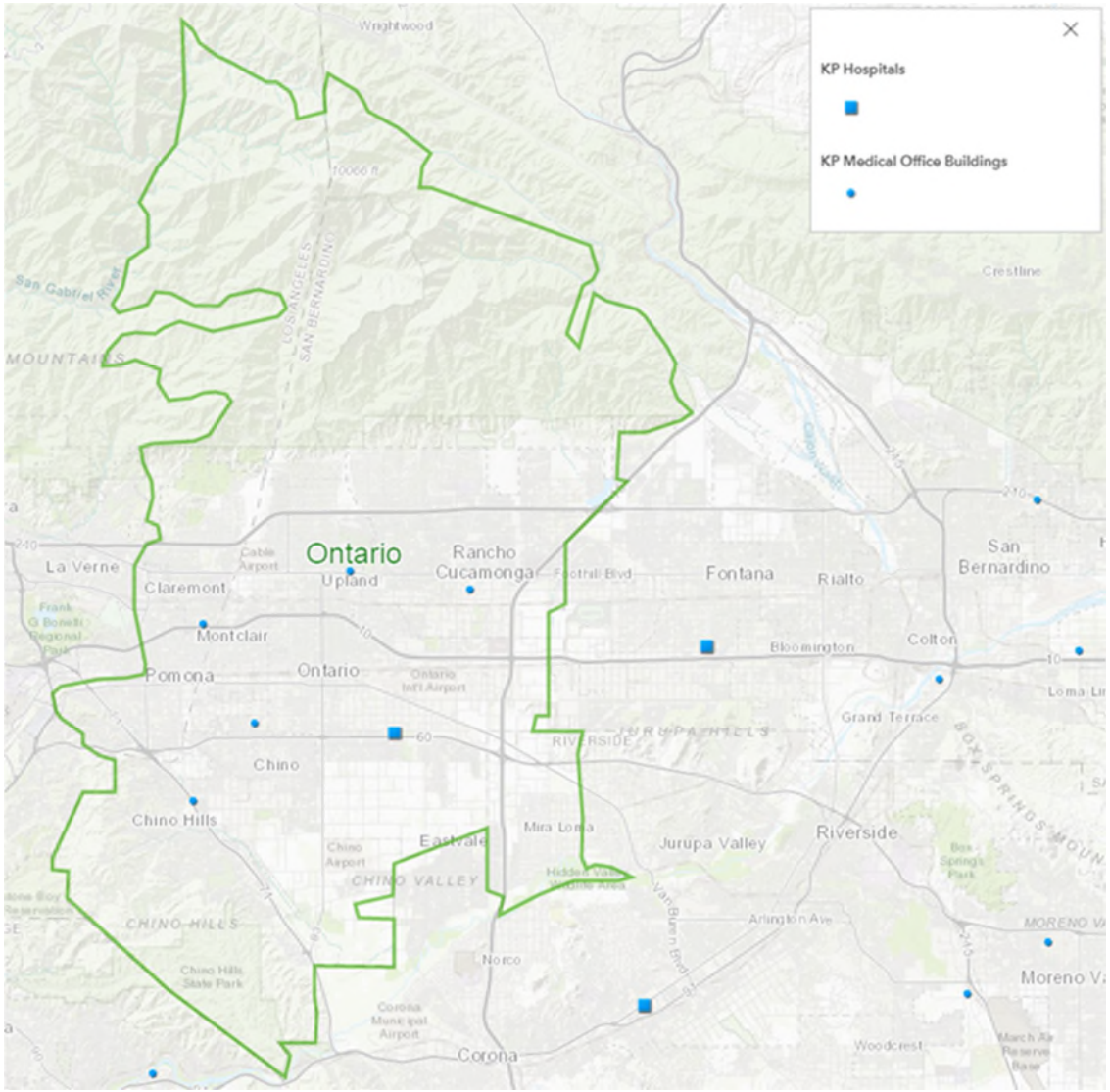
The KFH-Fontana service area includes the majority of San Bernardino County, a section of eastern Los Angeles County, and the northwest portion of Riverside County. This includes the communities of Angelus Oaks, Apple Valley, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Calimesa, Cedar Glen, Cedarpines Parks, Cherry Valley, Colton, Crestline, Crest Park, Diamond Bar, Fawnskin, Fontana, Forest Falls, Glen Avon, Grand Terrance, Green Valley, Hesperia, Highland, Lake Arrowhead, LomaLinda, Lytle Creek, Mentone, Mountain View Acres, Muscoy, Patton, Phelan, Pinon Hills, Redlands, Rialto, Rimforest, Rubidoux, Running Springs, San Bernardino, Skyforest, Sugarloaf, Twin Peaks, Victorville, Wrightwood, and Yucaipa.

The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

KFH-Fontana Service Area Map



KFH-Ontario Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Fontana and Ontario service areas. 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.

KFH-Fontana Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,387,704	Living in Poverty (<100% Federal Poverty Level)	20.86%
Asian	4.50%	Children in Poverty	28.88%
Black	8.66%	Unemployment	3.9%
Hispanic/Latino	54.02%	Uninsured Population	15.05%
Native American/Alaska Native	0.36%	Adults with No High School Diploma	23.00%
Pacific Islander/Native Hawaiian	0.32%		
Some Other Race	0.19%		
Multiple Races	1.98%		
White	29.97%		

KFH-Ontario Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	823,166	Living in Poverty (<100% Federal Poverty Level)	13.65%
Asian	11.79%	Children in Poverty	19.43%
Black	6.08%	Unemployment	4.0%
Hispanic/Latino	51.90%	Uninsured Population	13.33%
Native American/Alaska Native	0.25%	Adults with No High School Diploma	19.10%
Pacific Islander/Native Hawaiian	0.22%		
Some Other Race	0.23%		
Multiple Races	2.36%		
White	27.17%		

IV. Description of Community Health Needs Addressed by KFH-Fontana and Ontario

The following are the health needs that KFH-Fontana and Ontario 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*.

KFH-Fontana Service Area

A. Access to Care

Access to care impacts community of the KFH-Fontana Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. A higher percentage of residents in the area are uninsured and receiving Medi-Cal. Community stakeholders identified health care access as being especially problematic for those living in the Mountain and High Desert regions of the area; in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the area, undocumented and mixed–status families, the poor and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

B. Economic Security

Issues of economic security, such as unemployment and limited educational attainment, are social determinants of health and quality of life. Unemployment remains higher in the KFH-Fontana Medical Center Service Area (area) compared to the State of California. Residents in area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200%. Blacks, Native Americans and Hispanic or Latinos in the area are more likely to live below the FPL compared to other race/ethnicity. Furthermore, Blacks and Hispanic or Latinos have the lowest high school graduation rates in the area. In the area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with “non-proficient” reading levels. Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as disproportionately impacted by poverty due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The homeless, veterans and people diagnosed with mental illness are more likely to live in poverty than other groups of people. The highest concentrations of poverty can be found in High Desert, the Rim communities, Adelanto, and central San Bernardino, due to low educational attainment and lack of jobs.

C. Mental and Behavioral Health

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days. Access to high-quality and affordable mental and behavioral health services impact individuals and

families within the KFH-Fontana Medical Center Service Area (area). The area has fewer mental health service providers per 100,000 people than the State of California. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults. Community members reported that mental illness impacts the homeless, veterans and people of color disproportionately more than members of other groups. Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) several primary areas of disparity were identified. These included: stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

D. Obesity/HEAL/Diabetes

In the KFH-Fontana Service Area (area), the prevalence of obesity was just over 36% in adults. Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity. Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. In the area, 9.5% of the population has been diagnosed with diabetes. While adults in the area are about as likely to be overweight as adults as those in the state of California, they are proportionately higher rates of obesity among adults in the service area. The same pattern holds true for youth. Diabetes is more prevalent in the area and there are more diabetes-related hospitalizations.

KFH- Ontario Service Area Health Needs

A. Access to Care

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. Access to care greatly impacts residents of the KFH-Ontario Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. In the area, undocumented and mixed–status families, the poor, and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

B. Economic Security

Economic security includes factors - such as income, neighborhood environment, and access to resources - that can impact the overall ability of families or individuals to be healthy. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children in low income families. Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-Ontario Medical Center Service Area (area). Unemployment remains higher in the area compared to the state. Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Ontario Medical Center Service Areas compared to the state. Hispanic or Latinos and Blacks have the highest percentage of 4th graders with “non-proficient” reading levels.

C. Mental and Behavioral Health

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Ontario Medical Center Service Area (area). The area has fewer mental health service providers per 100,000 people than the state. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults in the state.

D. Obesity/HEAL/Diabetes

Overweight and obesity are defined using a person’s Body Mass Index (BMI) which is a ratio of a person’s weight to height. In the KFH-Ontario service area, the prevalence of obesity was just over 36% in adults. Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. In the KFH-Ontario service area, 9.2% of the population has been diagnosed with diabetes. Adults and youth in the KFH-Ontario Medical Center Service Area are equally likely to be overweight but more likely to be obese in comparison to those in the state. Diabetes is also more prevalent in the KFH-Ontario Medical Center Service Area than the state and diabetes hospitalization rates are equivalent to those statewide.

V. 2018 Year-End Results for KFH-Fontana and Ontario

A. 2018 Community Benefit Financial Resources Provided by KFH-Fontana and Ontario

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: KFH-Fontana and Ontario 2018 Year-End Community Benefit Expenditures

	Fontana 2018 Totals	Ontario 2018 Totals
Medical Care Services for Vulnerable Populations		
Medi-Cal shortfall[1]	$45,931,686	$14,317,606
Charity care: Medical Financial Assistance Program[2]	$13,830,087	$984,541
Grants and donations for medical services[3]	$257,904	$93,693
Subtotal	***$60,019,677***	***$15,395,840***
Other Benefits for Vulnerable Populations		
Summer Youth and INROADS programs[5]	$85,931	$49,822
Grants and donations for community-based programs[6]	$606,201	$309,510
Community Benefit administration and operations[7]	$542,513	$243,847
Subtotal	***$1,234,645***	***$603,179***
Benefits for the Broader Community[8]		
Community health education and promotion programs	$82,386	$51,494
Kaiser Permanente Educational Theatre	$561,806	$253,122
Community Giving Campaign administrative expenses	$13,535	$8,460
Grants and donations for the broader community[9]	$119,568	$65,358
National board of directors fund	$24,450	$15,282
Subtotal	***$801,745***	***$393,716***
Health Research, Education, and Training		
Graduate Medical Education	$6,197,384	$7,938
Non-MD provider education and training programs[10]	$915,075	$299,803
Grants and donations for health research, education, and training[11]	$60,017	$52,213
Health research	$699,801	$437,399
Subtotal	***$7,872,277***	***$797,653***
Total Community Benefits Provided	**$69,928,344**	**$17,190,388**

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-Fontana and Ontario 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-Fontana Implementation Strategy Report and the KFH-Ontario 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-Fontana and Ontario. 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-Fontana and Ontario 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 182 events in 41 schools in the KFH-Fontana communities, reaching 17,528 youth and 975 adults; and 82 events in 24 schools in the KFH-Ontario communities, reaching 8,653 youth and 352 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2018, Kaiser Permanente paid 9 grants, totaling $631,667, addressing the priority health need in the KFH-Fontana 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 $641,667 that address this need. During 2018, Kaiser Permanente paid 4 grants, totaling $251,667, addressing the priority health need in the Ontario 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 $591,667 that address this need.	**Providing Affordable Healthcare** In 2018, KFH-Fontana provided $45,931,686 in medical care services to 48,142 Medi-Cal recipients (both health plan members and non-members) and $13,830,087 in medical financial assistance (MFA) for 13,234 beneficiaries. In 2018, KFH-Ontario provided $14,317,606 in medical care services to 18,748 Medi-Cal recipients (both health plan members and non-members) and $984,541 in medical financial assistance (MFA) for 4,663 beneficiaries.
		Building Primary Care Capacity 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: • 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.
		Preserving and Expanding California Coverage Gains 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: • 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.

		Expanding Medical Services to Vulnerable Populations The Well of Healing Mobile Medical Clinic (WHMMC) provides wholistic care coordination for patients with chronic disease; including access to primary care, referrals to specialty services, and referrals to identified social service resources. Over two years (2017-2018), Kaiser Permanente paid $40,000 to WHMMC to: • Provide direct services to 632 low-income, uninsured, and homeless individuals. • Conduct over 1,400 encounters on Saturdays. • Offer services at three church sites in San Bernardino, Fontana, and Ontario.
		Leveraging Assets Our core functions across Kaiser Permanente are using their assets to drive Access to Care in the KFH-Fontana and Ontario service area. For example: • Physician Community Clinic Engagement: Over two years (2017-2018), 44 SCPMG physicians provided a total of 2,053 medical community service hours to provide primary care and specialty care services to 3,626 low-income and uninsured clients of Al Shifa Free Clinic (Muscoy), Lestonnac Free Clinic (San Bernardino), and the Well of Healing Mobile Medical Mobile on Saturdays at church sites (Ontario, Fontana, San Bernardino). • Physician Specialty Care: Over two years (2017-2018), KFH-Fontana held the once a year Community Saturday Surgery Day where 100 Kaiser Permanente surgeons, anesthesiologists, and staff volunteered a total of 200 hours to provide medical procedures (colonoscopies, hernia repairs, and cataract surgeries) to 20 low-income, uninsured individuals who do not qualify for any other public assistance program.
Economic Security	During 2018, Kaiser Permanente paid 17 grants, totaling $225,000, addressing the priority health need in the KFH-Fontana service area. During 2018, Kaiser Permanente paid 7 grants,	**Building the Capacity of Small Businesses** Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016 KFH-Fontana and Ontario joined this county-wide initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned.

	totaling $105,000, addressing the priority health need in the Ontario service area.	**Increasing Latino Medical School Applicants in California** The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid $25,000 to LPOC to: • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.
		Advocating for At-Risk Youth Court Appointed Special Advocate (CASA) of San Bernardino County improves the educational outcomes of at-risk foster and juvenile justice youth. CASA identifies and develops volunteers to serve as mentors and advocates for at-risk youth. Over two years (2017-2018), Kaiser Permanente paid $40,000 to CASA to: • Screen and train a total of 151 new community volunteers to serve as advocates for 115 new foster youth and 84 reappointed youth for a total of 199 high-risk foster youth served (ages 12+). • Provide 5,700 hours of advocacy support, mentorship, and case management/guidance to improve the educational outcomes of high risk foster and juvenile justice youth.

		Promoting Higher Education in Low-income Communities Bright Prospect empowers low-income students from the Pomona Unified School District to gain admission to and graduate from four-year colleges and universities. They educate families about the long-term impacts of higher education and provide students with free services and a multi-level support system. Over two years (2017-2018), Kaiser Permanente paid $25,000 to Bright Prospects to: • Serve and mentor 1,340 high school students and 1,260 college students. • Outreach to 3,154 9th and 10th grade students to inform them of resources and service for college. • Conduct a week-long Summer Academy for 220 students.
		Increasing Access to Housing for Homeless Individuals Mercy House improves the living conditions of homeless clients living in and around the city of Ontario by providing crisis case management, referrals to other specialists, and necessities. This is a drop-in center that serves at-risk families with emergency housing, food vouchers, and transportation. Over two years (2017-2018), Kaiser Permanente paid $40,000 to Mercy House to: • Serve 1,545 homeless individuals with crisis case management, referrals, and/or direct basic needs and services. • Increase the number of vouchers distributed to 1,191 individuals that prevent homelessness and alleviate crisis.
		Improving Internal Programs to Leverage Assets Our core functions across Kaiser Permanente are using their assets to drive Economic Security in the KFH-Fontana and Ontario service area. For example:. • Over two years, the Hippocrates Circle Program, reached a total of 124 middle school students from the Victor Valley Union High School District and San Bernardino City Unified School District who received in-depth hands-on experience with the career of a physician over an intense 8-week program. • Over two years, the Summer Youth Employment Program hired 40 high school students from across the service area who completed an intense 6-week rotation in diverse Kaiser Permanente departments (physical therapy, pediatrics, family medicine, patient support services, etc.)

Mental and Behavioral Health	During 2018, Kaiser Permanente paid 12 grants, totaling $370,000, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grants, totaling $40,000 that address this need. During 2018, Kaiser Permanente paid 8 grants, totaling $290,000, addressing the priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.	**Strengthening Mental Health Policies and Practices in Schools** 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: • 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.
		Addressing Adverse Childhood Experiences (ACEs) The ACEs Task Force of San Bernardino partners with Trauma Transformed to address the need for workforce training and implementation of trauma-informed approaches through cross-sectoral education and training. In 2018, Kaiser Permanente paid $75,000 to the ACEs Task Force to: • Train three Master Trainers in a train-the-trainer program. • Lead learning sessions with 12 cross-sectoral organizations including mental health care, primary health care, education, law enforcement, social services and childcare, serving children and families in the City of San Bernardino.
		Addressing Sexual Abuse and Trauma Project Sister Family Services improves the mental health of sexual violence and child abuse survivors by providing free counseling and case management in English and Spanish. Over two years (2017-2018), Kaiser Permanente paid $45,000 to Project Sister Family Services to: • Provide 5,269 hours of counseling and intake sessions. • Provide 373 clients with therapy and case management. • Decrease depressive and other unhealthy symptoms for 280 individuals utilizing the Trauma Symptom Inventory, self-reports, and therapist observations.

		<u>Improving Mental Health of Homeless Individuals</u> Imtasik Family Counseling Services provides mental health services, case management, and support services to homeless individuals living in places not suitable for human habitation who have a mental illness or co-occurring substance abuse disorder in Fontana and San Bernardino. Over two years (2017-2018), Kaiser Permanente paid $50,000 to Imtasik Family Counseling Services to: • Outreach to 400 homeless individuals. • Provide 146 clients with case management, mental health services, and support services upon request. • Decrease 80% of poor mental health symptoms of the 146 served.
		<u>Leveraging Assets</u> Our core functions across KP are using their assets to drive Mental Health & Wellness in the KFH-Fontana and Ontario service area. For example: • Convener: Over two years (2017-2018), organized two Mental Health Convenings that engaged 30 cross-sector stakeholders (community clinics, non-profit mental health providers, K-12 school districts, county, colleges and universities, shelters, community groups, Hospitals, Health Plans) to identify top organizational and countywide capacity building needs (coordination, collaboration, network building, education, and training). • Education/Awareness: Educational Theatre reached nearly 4,000 3rd – 5th Grade Students, at 8 schools, through their Conflict Management performance. • Education/Awareness: Educational Theatre reached nearly 7,000 6th – 8th Grade Students grades 6-8th, at 18 schools, through their Adolescent Bullying Awareness performance.
Obesity/ HEAL/ Diabetes	During 2018, Kaiser Permanente paid 11 grants, totaling $440,000, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community	**<u>Improving Access to Nutritious Foods</u>** California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, Kaiser Permanente paid $212,500 to CFPA to: • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

	Foundation was used to pay 7 grants, totaling $1,038,361 that address this need. During 2018, Kaiser Permanente paid 8 grants, totaling $447,500, addressing the priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 9 grants, totaling $1,731,944 that address this need.	**Advocating for Maternal, Infant, and Child Health** 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: • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • 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.
		Fighting Food Insecurity 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: • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

		Supporting Healthy Eating and Active Living through Systems Change The City of Ontario's HEAL Zone makes policy, system, and environmental changes to increase healthy eating and physical activity opportunities in the city of Ontario. In 2018, Kaiser Permanente paid $333,333 to the City of Ontario to: • Conduct 23 physical activity classes per week. • Hold monthly community forums to foster community cohesion. • Revamp park facilities, including renovating restrooms, building pickle ball courts, and installing lights, benches, hydration stations, and two community-designed garden boxes. • Include two Head Start locations as access points for services including Prescription for Health resources, Zum Up physical activity classes, and 6-week health education workshop for parents.
		Promoting Food Recovery and Redistribution 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 Mary's Kitchen and Salvation Army to: • Recover 16,215 lbs of food and distribute to organizations serving individuals in the KFH-Fontana and Ontario region who face food insecurity

Kaiser Foundation Hospital – Northern California Region

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

FREMONT

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

III. KFH-Fremont Community Served

A. Kaiser Permanente's Definition of Community Served

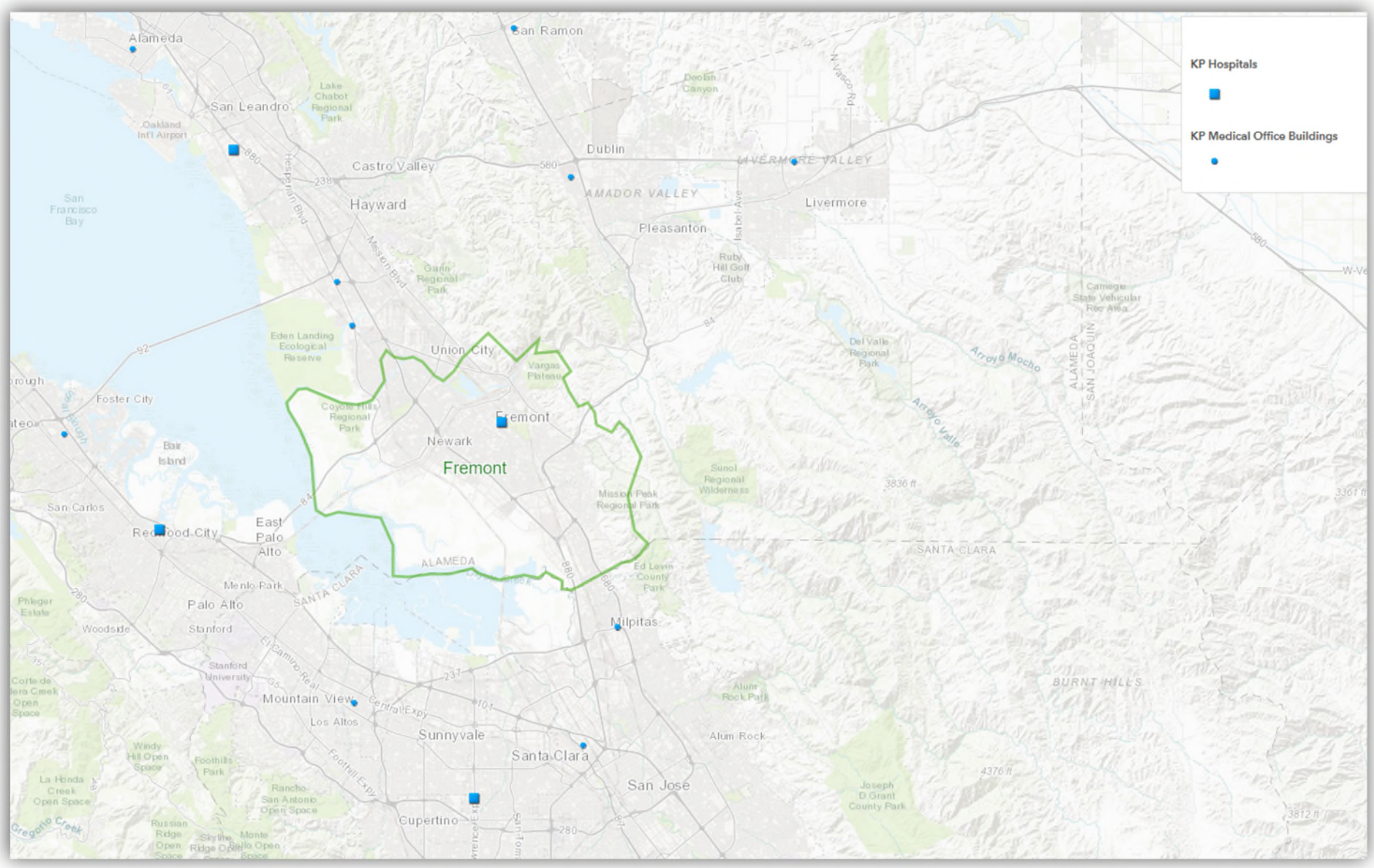
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	273,040
White	27.7%
Black/African American	3.5%
Asian	51.7%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.9%
Some Other Race	9.6%

Multiple Races	6.1%
Hispanic/Latino	16.7%
Total Living in Poverty (<100% FPL)	5.6%
Children Living in Poverty	5.7%
Unemployment Rate	2.9%
Uninsured Population	5.5%
Adults With No High School Diploma	7.8%

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



The KFH-Fremont service area includes the southern part of Alameda County. The cities served include Fremont and Newark.

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

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

1. Obesity, Diabetes, Healthy Eating, Active Living (Renamed Healthy Eating, Active Living)

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 allow people to make healthier choices and live healthier lives.

2. Behavioral Health

Mental health (including subclinical 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 to 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 issues, depression and anxiety, and the impact of trauma affect 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.

3. Violence and Injury Prevention (Renamed Community and Family Safety

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's "World Report on Violence and Health." Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

4. 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.

V. 2018 Year-End Results for KFH-Fremont

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

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-Fremont

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$6,290,043
Charity care: Medical Financial Assistance Program[b]	5,072,188
Grants and donations for medical services[c]	567,476
Subtotal	**$11,929,707**
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$162,423
Grants and donations for community-based programs[e]	684,592
Community Benefit administration and operations[f]	167,277
Subtotal	**$1,014,292**
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,083
Community Giving Campaign administrative expenses	12,555
Grants and donations for the broader community[h]	116,845
National board of directors fund	11,433
Subtotal	**$141,916**
Health Research, Education, and Training	
Graduate Medical Education	$48,724
Non-MD provider education and training programs[i]	448,516
Grants and donations for health research, education, and training[j]	32,143
Health research	446,564
Subtotal	**$975,948**
Total Community Benefits Provided	**$14,061,863**

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-Fremont'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-Fremont 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-Fremont. 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
Healthy Eating Active Living	In 2018, there were 23 grants totaling $244,278.90 that addressed Healthy Eating Active Living in the KFH-Fremont service area.	**Hypertension management**: KFH-Fremont awarded a $29,984 grant (even split with KFH-San Leandro) to the American Heart Association for Check. Change. Control., its evidence-based hypertension management program that utilizes blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health. The program increases access to care and healthy food to manage high blood pressure for 100 Spanish-speaking adults with hypertension. Trained promotores will educate an additional 200 Spanish-speaking individuals through outreach.
		CalFresh: Tiburcio Vasquez Health Center, Inc. received a $95,000 grant (even split with KFH-San Leandro) to build staff capacity to conduct CalFresh outreach and enrollment targeted to working low-income households and seniors, and to strengthen its application assistance infrastructure. To date, promotoras and volunteers have conducted 51 outreach activities reaching 1,064 people. Promotoras have screened 291 community members for food insecurity and referred 48 individuals to enroll in Calfresh.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Parks: Hayward Area Recreation & Park District Foundation received a $75,000 grant (even split with KFH-San Leandro) to create and build Mia's Dream Come True, an all-inclusive playground with a focus on residents with disabilities. Once completed, the park is projected to serve approximately 50,000 users annually.
Mental Health and Wellness	In 2018, there were 17 grants totaling $179,751.14 that addressed Mental Health and Wellness in the KFH-Fremont service area.	**Stigma**: Fremont Human Services Department (FHSD) received a $90,000 grant to address stigma associated with self-harm behaviors and other mental health concerns among Fremont junior high and high school youth. Educational events and a media campaign are designed to increase understanding of mental health as part of overall health and promote wellness. FHSD expects to reach 200 students and 400 community members.
		Services for foster children: East Bay Children's Law Offices was awarded a $30,000 grant (even split with KFH-San Leandro) to improve the social-emotional, well-being, health, and education outcomes and access to services for foster children 0 to 5 in southern Alameda County. Program staff have conducted 112 assessments to date. The staff attorney has worked on 54 cases and attended 10 Individualized Education Programs and 12 other student support services meetings at schools for young clients.
		Mental health support: KFH-Fremont awarded $30,000 grant (even split with KFH-San Leandro) to Mujeres Unidas Y Activas for its Sanando el Alma (Healing the Soul), a program that provides culturally relevant behavioral health interventions in Spanish. Since December 2018, 76 immigrant women received specialized support group services that aid survivors of violence and sexual assault to address trauma. In addition, 38 women received culturally and linguistically relevant peer counseling sessions and 16 of them received referrals to additional services.
		Resilience: Seneca Family of Agencies received a $98,000 grant (even split with KFH-San Leandro) to partner with Hayward High School to provide students with access to trauma-informed mental health services; faculty and staff with support needed to cope with vicarious trauma; and school administrators with support to implement trauma-informed practices schoolwide. To date, the Wellness Center has directly served 100 students and 25 families, and more than 100 staff have been engaged in the effort.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Community and Family Safety	In 2018, there were 16 grants totaling $312,075.00 that addressed Community and Family Safety in the KFH-Fremont service area.	**Tattoo removal**: KFH-Fremont awarded a $50,000 grant (even split with KFH-San Leandro) to Eden Youth & Family Center's New Start Tattoo Removal Program, which offers bimonthly laser tattoo removal treatments to youth 13 to 25 in southern Alameda County. The program also provides case management, and involves youth in community service, job training, and education. The program will reach 200 youth. Tattoo removals are held at KFH-Hayward and KFH-Union City and lead by a Kaiser Permanente physician.
		Peer mentorship: KFH-Fremont awarded a $40,000 grant (even split with KFH-San Leandro) to East Bay Family Defenders' Mentor Parent pilot program to provide dependency court-involved parents with peer mentorship and recovery support. The program engages parents in stabilizing or reunifying their family to prevent or minimize foster care placement. Since December 2018, the program has served 23 parents. And a six-week parent support group, The Real Talk, was developed and is scheduled to begin in February of 2019.
		Domestic violence: Afghan Coalition was awarded a $40,000 grant for its Reduce Domestic Violence in Afghan Immigrant Families project, which provides support groups and case management to Farsi-speaking domestic violence (DV) victims, raises awareness of DV in the Farsi-speaking community, and provides information on its DV curriculum to service providers working with this community. Since December 2018, the project has served 27 families, 10 have completed an eight-week DV workshop, and 2,122 people viewed the nine articles about DV in the Afghan community the organization posted on social media.
Access to Care and Coverage	In 2018, there were 52 grants totaling $496,911.00 that addressed Access to Care in the KFH-Fremont service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 4,655 Medi-Cal members and 161 Charitable Health Coverage (CHC) members. And 4,484 individuals received Medical Financial Assistance (MFA).
		Care for seniors: KFH-Fremont awarded $50,000 grant (even split with KFH-San Leandro) to Community Resources for Independent Living to implement the Care Transition Intervention/Device Lending Library Service, which provides at-risk seniors and disabled people with the skills and tools needed for a successful transition from the hospital to their home. A total of 400 seniors or people with disabilities will receive access to medical equipment and education on the equipment needed for their transition.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		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.
		211: Eden I&R, Inc. received a $50,000 grant (split with three KFH hospital service areas) to support 211, a free, 24/7 multilingual phone service that links callers to vital health, housing, and human services by providing information and referrals to resources and programs throughout Alameda County. To date, 211 has received a total of 17,456 calls and provided 28,484 housing, health, and human services referrals.
		PHASE: Community Health Center Network (CHCN) received $170,00 of a three-year grant ($500,000, split with three KFH hospital service areas) to support the successful use of PHASE among member health center organizations. Strategies include supporting health centers' quality improvement and data infrastructure through training and sharing of best practices. CHCN members are reaching more than 37,000 patients through PHASE and 75% of their patients with diabetes and 70% of those with hypertension have their blood pressure controlled.

Kaiser Foundation Hospital – Northern California Region

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

FRESNO

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

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in the community

III. KFH-Fresno Community Served

A. Kaiser Permanente's Definition of Community Served

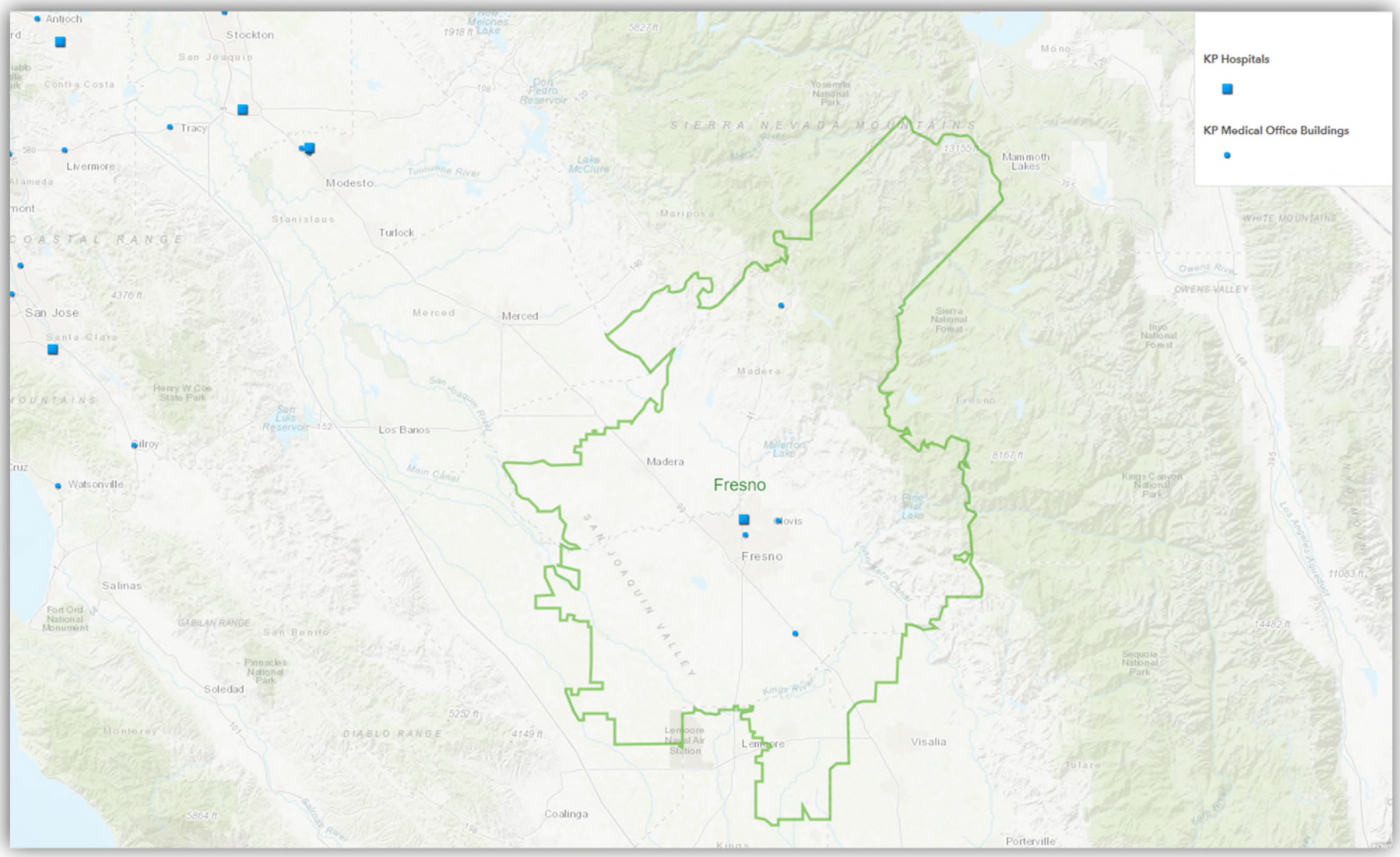
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	1,144,573
White	65.2%
Black/African American	4.7%
Asian	8.9%
Native American/ Alaskan Native	1.1%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	16.2%

Multiple Races	3.9%
Hispanic/Latino	52.2%
Total Living in Poverty (<100% FPL)	25.6%
Children Living in Poverty	36.6%
Unemployment Rate	7.6%
Uninsured Population	13.8%
Adults with No High School Diploma	25.4%

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



The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O'Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

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

KFH-Fresno'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-Fresno 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 identified but not selected can also be found on the website. Here are the health needs KFH-Fresno is addressing in the 2017-2019 three-year cycle:

1. Access to Care and Coverage

To align with language across other KFH facilities, Access to Health Care from the Fresno CHNA was renamed Access to Care and Coverage. The content/meaning of the need did not change. Access to comprehensive, affordable, quality health care is critical to the prevention, early intervention, and treatment of health conditions. Health care access is of particular concern for low-income populations and those without health insurance. Residents of Fresno, Kings, Madera, and Tulare counties have less access to dentists, primary care providers, and mental health providers compared to the state. Lack of access to care was frequently cited as a top health issue in primary data. Barriers to care cited in stakeholder interviews and focus groups included lack of transportation, long wait times, difficulty scheduling appointments, paying for co-payments and medications, language issues, and difficulties navigating the health care system.

2. Healthy Eating Active Living (HEAL)

To align with language across other KFH facilities, Obesity and Diabetes from the Fresno CHNA were combined into one health need, HEAL. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. Diabetes hospitalizations are higher in the four-county KFH-Fresno service area when compared to the state. In Fresno, Kings, and Madera counties, diabetes prevalence is higher compared to the state. Obesity was one of the most frequently cited health concerns among stakeholders and focus groups, and attributed to lack of access to affordable healthy food and physical activity. The four counties have high rates of adults and children who are obese or overweight as compared to the state. American Indian, African American, Pacific Islander, and Latino adults are more likely to be obese than adults from other ethnic groups.

3. Behavioral Health

Mental Health and Substance Abuse from the Fresno CHNA were combined and renamed Behavioral Health. The content/meaning of the need did not change. In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or post-traumatic stress disorder (PTSD) and substance abuse have profound consequences for health behavior choices and physical health. In Fresno, Kings, and Tulare counties, adults 18 years and older self-report they receive insufficient social and emotional support "all or most of the time," which is higher than the state. Focus groups and stakeholder interviews revealed that mental health is viewed as a top concern in all four counties. In the KFH-Fresno service area, few options exist for those seeking behavioral health professionals or services related to acute care.

V. 2018 Year-End Results for KFH-Fresno

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

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-Fresno

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$3,787,182
Charity care: Medical Financial Assistance Program[b]	2,309,174
Grants and donations for medical services[c]	1,717,116
Subtotal	**$7,813,472**
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$0
Grants and donations for community-based programs[e]	1,732,750
Community Benefit administration and operations[f]	218,475
Subtotal	**$1,951,225**
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,414
Community Giving Campaign administrative expenses	16,397
Grants and donations for the broader community[h]	58,317
National board of directors fund	14,933
Subtotal	**$91,061**
Health Research, Education, and Training	
Graduate Medical Education	$248,786
Non-MD provider education and training programs[i]	443,946
Grants and donations for health research, education, and training[j]	32,143
Health research	583,242
Subtotal	**$1,308,117**
Total Community Benefits Provided	**$11,163,875**

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-Fresno'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-Fresno 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-Fresno. 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 43 grants totaling $1,944,222.80 that addressed Access to Care in the KFH-Fresno service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 18 Medi-Cal members and 846 Charitable Health Coverage (CHC) members. And 6,963 individuals received Medical Financial Assistance (MFA).
		PHASE: Camarena Health received a three-year $150,000 grant to support the successful use of PHASE in its clinic sites. Strategies include implementing and codifying an organization-wide hypertension protocol and strengthening its team-based care approaches. Camarena is reaching nearly 6,000 patients through PHASE; 88% of its patients with diabetes and 71% of its patients with hypertension have their blood pressure controlled.
		Capital Grant: Buddhist Tzu Chi received a $650,000 grant to buy a new dental mobile unit that will increase dental services for seniors, children, veterans, migrant families, and rural residents. The unit will have three dental chairs and provide free dental care to clients. Services will include cleanings, fillings, and extractions along with oral health education.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Capital Grant: Camarena Health received a $550,000 grant for the purchase of a new medical and dental mobile unit that will service isolated corners of Madera County where low-income residents face serious challenges in accessing primary care due to the county's geography and its limited transportation services.
		Capital Grants: Fresno American Indian Health Project (FAIHP) received a $368,520 grant to build a new Fresno American Indian Health Center in Fresno County. Through this addition, the project will increase access to primary care for the region American Indian and Alaskan Native populations. Upon completion, the new health center will allow FAIHP to integrate primary health care services into its existing behavioral health program and to replace the existing electronic health record with an updated platform that supports the provision of integrated care.
		Access to Services: KFH-Fresno awarded Buddhist Tzu Chi Medical Foundation $80,000 to support its Mobile Vision Project, which will reach 2,000 children to increase access to vision services and provide no-cost, high-quality vision services, including screenings, eye examinations, and reading/prescription glasses.
Healthy Eating Active Living	In 2018, there were 31 grants totaling $761,790.95 that addressed Healthy Eating Active Living in the KFH-Fresno service area.	**CalFresh**: FOOD, Inc. (dba) Central California Food Bank received a $95,000 grant to provide targeted outreach to low-income communities in Kings and Madera counties through its CalFresh outreach program, which aims to increase CalFresh participation. To date, the CalFresh Outreach program has prescreened 790 individuals for food insecurity and assisted 110 households in completing a CalFresh application. Fifty of those applications were approved.
		Access to Healthy Food: KFH-Fresno awarded Fresno Metro Ministry $95,000 for its Food to Share program to increase healthy food access and consumption in six under-resourced neighborhoods in Fresno, reaching 10,000 residents and distributing 440,000 pounds of healthy food. In 2019, 2,700 people will participate in healthy cooking demos at farmer's market style food distributions.
		Access to Clean Water: KFH-Fresno awarded $75,000 to Madera Unified School District (MUSD) for its water stations project, which will install filtered hydration stations at 17 MUSD schools and three district-wide departments, providing access to clean drinking water and encouraging students and staff to choose water over sugary drinks. The project will impact 11,470 students and faculty members.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Physical Education: KFH-Fresno awarded $75,000 to Fresno Unified School District to implement project Aces, which will increase focused physical activity for 300 staff and approximately 3,160 students during and after school sessions within the district.
		Recreation: Fresno United Neighborhoods (FUN) received $30,000 to support FUN Learner Pool Summer and Lifeguard Development programs, which will provide three free extended family swim hours (M-F, 5PM-8PM) at five learner pool sites during the summer and swim scholarships for 200 low-income participants who will learn water safety skills, basic swimming techniques, and develop a love of swimming at Edison High School Pool. The proposed learner pool special events attract 100 plus participants at each learner pool.
Behavioral Health	In 2018, there were 22 grants totaling $715,643.71 that addressed Behavioral Health in the Fresno service area.	**Resilience**: Family Foundations Counseling Services received a $98,000 grant to expand school-based mental health services from three days a week to a full five days a week at Hamilton Middle School. The expansion will reduce current student wait list times and ensure that Hamilton students affected by trauma have access to trauma-informed mental health and wellness services.
		Stigma: Camarena Health received a $90,000 grant to reduce the stigma associated with mental health by developing two awareness campaigns that promote mental health and wellness. The campaigns expect to reach 2,500 students at a Madera Unified School District high school and 750 pregnant mothers at a community health center.
		Increase Mental Health Services: KFH-Fresno awarded $150,000 to Fresno Interdenominational Refugee Ministries (FIRM) to help the Fresno Southeast Asian Coalition for Action (FSACA) improve access to and utilization of mental health services for 12,500 Southeast Asians in Fresno. FIRM aims to reduce barriers and increase FSACA's capacity to serve the diverse Southeast Asian population by reducing the stigma associated with mental health services and by meeting social non-medical needs that can be barriers to care.
		Establishing Networks and Referrals: California Health Collaborative received $70,000 to support its Perinatal Mental Health Integration Program, which helps build a strong network and referral process for women experiencing postpartum depression and implement provider training, a referral network, and a maternal wellness coalition. The program is expected reach 2,230 women.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Social Emotional Programs in Schools: KFH-Fresno provided Every Neighborhood Partnership $23,000 to implement a social emotional wellness program impacting 500 Fresno Unified School District students. Students will participate in a three-tiered mentoring program that includes Beat the Odds, Yoga, SPARKs PE, Drum Fit curriculum, and one-on-one mentoring.

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.

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III. KFH-Los Angeles Community Served

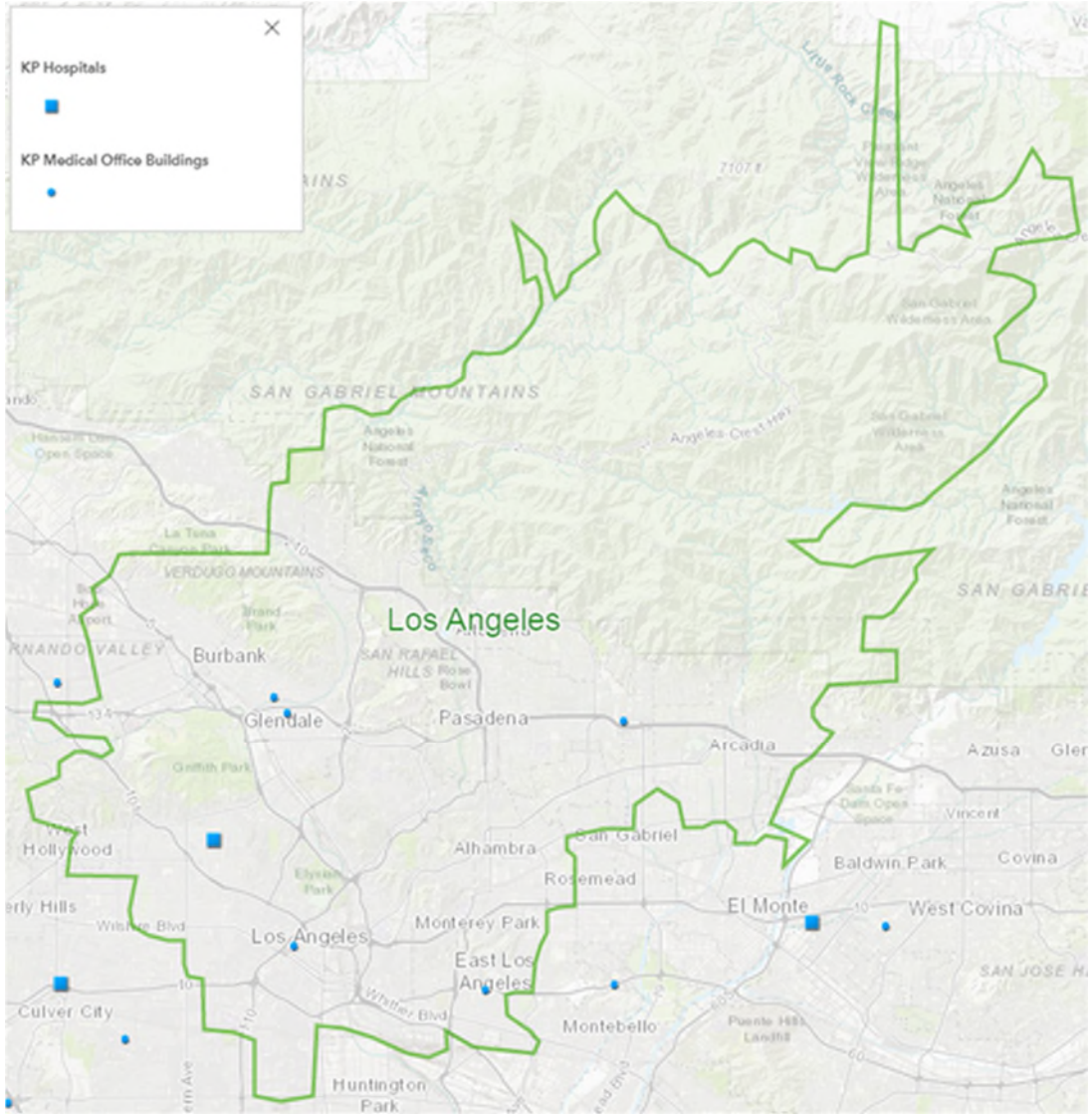
A. Kaiser Permanente's Definition of Community Served

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: KFH-Los 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 Community[8]	
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
Access to Care	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.	**Providing Affordable Healthcare** 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.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • 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
		Providing Primary and Specialty Care to Underserved Populations 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: • Provide primary care, diabetes prevention, dermatology consultations, and health education to Kheir patients. • Expand healthcare servicing by serving 377 low-income, underserved patients and conducting 505 clinical visits. • Grant over $108,000 in in-kind contributions to the Kheir Center.
		Providing Health and Human Services for Low-Income and Under-Insured Residents 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: • Outreach to 2,800 individuals. • Enroll 700 individuals and their families for health care coverage and linkages to a medical home. • Provide 40 health education workshops to its patients.

Need	Summary of impact	Examples of most impactful efforts
		Preventing Hospital Readmissions 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: • Pilot a new approach that addresses and reduces the amount of times a patient is admitted to the emergency room facilitated by case managers. • Reduce hospital readmissions among 800 chronically-ill patients. • Establish a monitoring and compliance system to identify targeted patients to monitor their care plan.
Mental and Behavioral Health	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.	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Reducing Mental Health Stigma and Improving Resiliency* 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: • 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.
		Connecting Homeless Individuals to Health Care: 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: • Serve nearly 1,000 homeless individuals by conducting homeless assessments. • Connect homeless individuals to primary care and mental health care services.
		Providing Mental Health Case Management for Seniors: 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: • Provide case management to 700 low-income seniors linked to mental and behavioral health, social connection and other health promotion services.
		Improving Behavioral Health Services for Transgender Populations Translatin@ Coalition provides comprehensive behavior health and social services. In 2018, Kaiser Permanente paid Translatin@ Coalition $30,000 to: • 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.

Need	Summary of impact	Examples of most impactful efforts
Obesity/ HEAL/ Diabetes	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.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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.
		Fighting Food Insecurity~ 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Promoting Intergenerational Health 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: • Support 240 pre-school aged children and 75 older adults involved in this unique program.
		Practicing Food Recovery and Redistribution 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.
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.	**Providing HIV Testing and Treatment to Medically Underserved Populations** 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: • Provide patient navigator services to over 700 high-risk individuals reached during late evening hours (Midnight Stroll) at known homeless gatherings or encampments. • Test 120 individuals and linked 25 homeless individuals with HIV to transition or permanent supportive services.

Kaiser Foundation Hospital – Northern California Region

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

MANTECA

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

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III. KFH-Manteca Community Served

A. Kaiser Permanente's Definition of Community Served

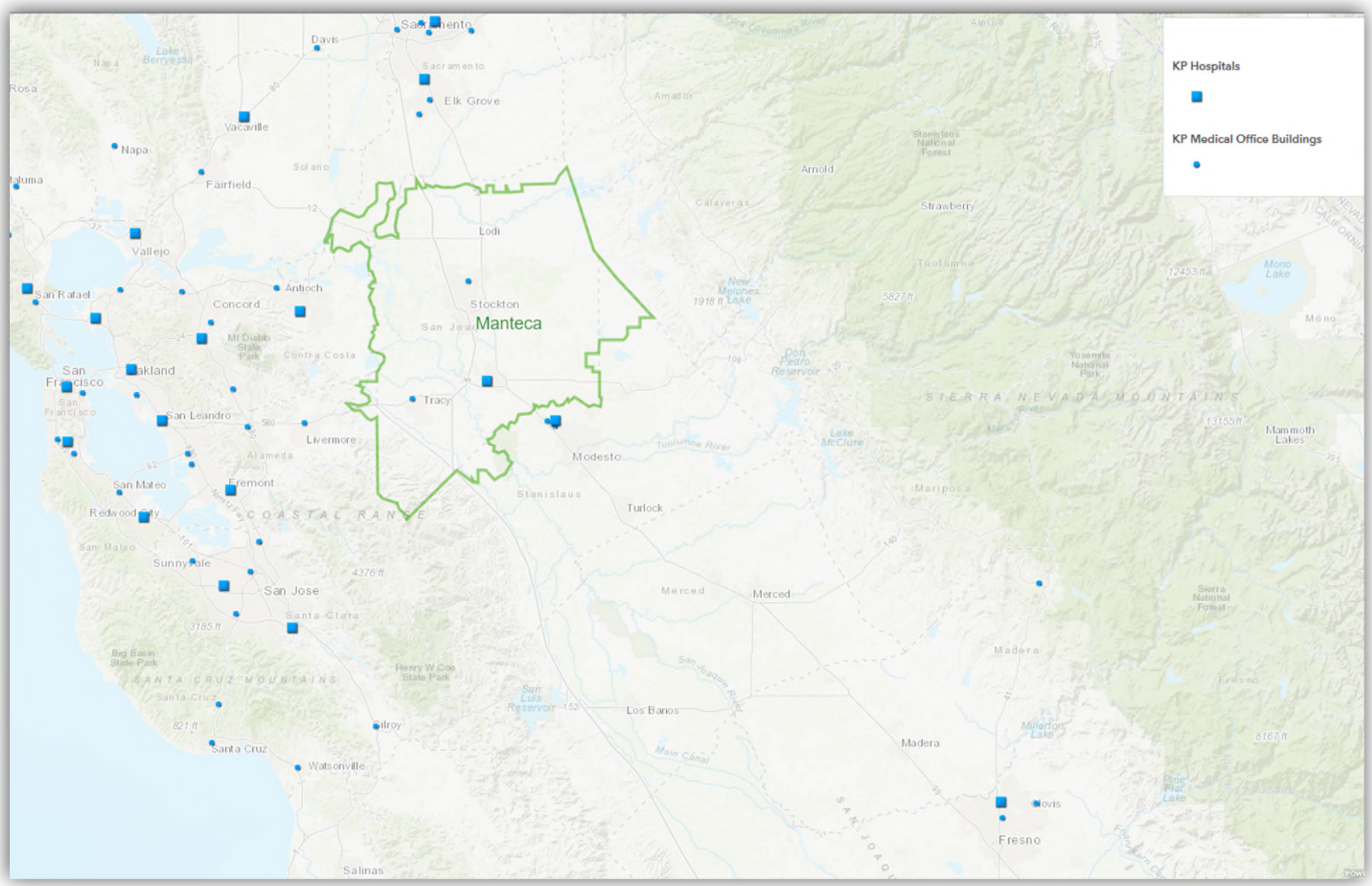
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	715,653
White	56.4%
Black/African American	7.0%
Asian	14.9%
Native American/ Alaskan Native	1.1%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	11.6%

Multiple Races	8.9%
Hispanic/Latino	40.5%
Total Living in Poverty (<100% FPL)	17.8%
Children Living in Poverty	23.7%
Unemployment Rate	6.2%
Uninsured Population	11.7%
Adults with No High School Diploma	22.0%

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



The KFH-Manteca service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

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

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

1. Access to Care and Coverage

To align with language across other KFH facilities, Access to Health care from the Manteca CHNA was renamed Access to Care and Coverage. The content/meaning of the need did not change. Access to comprehensive, affordable, quality care is critical to the prevention, early intervention, and treatment of health conditions. San Joaquin County (a good proxy for the KFH-Manteca service area) has been successful in enrolling residents in Expanded Medi-Cal under the Affordable Care Act; however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges. The fact that the KFH-Manteca service area's many undocumented adult residents are without insurance also remains a barrier to care.

2. Healthy Eating, Active Living

To align with language across other KFH facilities, Obesity and Diabetes from the Manteca CHNA was renamed Healthy Eating Active Living. The content/meaning of the need did not change. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent leading causes of death nationwide, as well as among residents of the KFH-Manteca service area. Primary and secondary data indicate that there are many risk factors in common, such as unhealthy eating and lack of physical activity. Community residents recognized that access to affordable healthy foods is limited in at-risk neighborhoods, and there are not enough safe places to enjoy every day physical activity. Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

3. Behavioral Health

To align with language across other KFH facilities, Mental Health and Substance Use from the Manteca CHNA were combined and renamed Behavioral Health. The content/meaning of the need did not change. In addition to severe mental health disorders, behavioral health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or post-traumatic stress disorder (PTSD) and substance abuse have profound consequences on health behavior choices and physical health. While some mental health outcomes in the KFH-Manteca service area are similar to California benchmarks, mental health was a key concern among surveyed community members. Interviewees noted that the psychology of poverty, including living day-to-day and struggling to provide basic needs, can negatively impact one's ability to make long-term plans and interfere with parenting abilities. In addition, poor mental health frequently co-occurs with substance use disorders. Youth, notably foster youth and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth, and residents experiencing homelessness, were noted as particularly high-risk populations for mental/behavioral health concerns.

V. 2018 Year-End Results for KFH-Manteca

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

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-Manteca

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$17,641,783
Charity care: Medical Financial Assistance Program[b]	9,760,484
Grants and donations for medical services[c]	647,362
Subtotal	***$28,049,629***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$23,309
Grants and donations for community-based programs[e]	904,626
Community Benefit administration and operations[f]	364,055
Subtotal	***$1,291,991***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$2,357
Community Giving Campaign administrative expenses	27,323
Grants and donations for the broader community[h]	58,317
National board of directors fund	24,883
Subtotal	***$112,880***
Health Research, Education, and Training	
Graduate Medical Education	$0
Non-MD provider education and training programs[i]	201,782
Grants and donations for health research, education, and training[j]	32,143
Health research	971,884
Subtotal	***$1,205,809***
Total Community Benefits Provided	**$30,660,309**

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-Manteca'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-Manteca 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-Manteca. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Access to Care and Coverage	In 2018, there were 30 grants totaling $621,691.47 that addressed Access to Care in the KFH-Manteca service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 5,519 Medi-Cal members and 359 Charitable Health Coverage (CHC) members. And 10,351 individuals received Medical Financial Assistance (MFA).
		PHASE: San Joaquin General Hospital (SJGH) received a three-year $500,000 grant to support the successful use of PHASE. Efforts include educating providers on the use of evidence-based protocols to reduce the risk of cardiovascular disease and building data infrastructure to support clinical workflows. SJGH is reaching more than 4,500 patients through PHASE; 68% of its patients with diabetes and 62% of those with hypertension have their blood pressure controlled.
		Social Non-Medical Services: Family Resource & Referral Center of San Joaquin was awarded a $90,000 grant to support 211, which provides referrals and access to social service programs 24/7 in San Joaquin County for more than 20,000 individuals who dial 211 from their phones or access the online database. To date, services have been provided to 11,671 people through calls, emails, and texts, and more than 1,200 referrals were provided to health care programs.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Access to Health Care: Catholic Charities Diocese of Stockton was awarded a $37,500 grant (split with KFH Modesto) to assist 462 families eligible for Medi-Cal coverage with application assistance, enrollment, and retention efforts.
		Recuperative Care: Gospel Rescue Mission was awarded $75,000 to provide access to recuperative care for 150 homeless and indigent individuals discharged from local hospitals.
Healthy Eating Active Living	In 2018, there were 19 grants totaling $389,829.95 that addressed Healthy Eating Active Living in the KFH-Manteca service area.	**Access to healthy, affordable foods**: Catholic Charities Diocese of Stockton received a $95,000 grant to increase CalFresh participation among eligible individuals and families, with a focus on addressing barriers for immigrants, seniors and students. To date, staff have provided outreach to 1,192 households. Among the households reached, 870 were pre-screened for CalFresh eligibility, 74 applied for benefits, and 35 were enrolled in CalFresh.
		Access to physical activity: Boys & Girls Club of Tracy received a $40,000 grant to include 700 low-income youth in the evidenced-based Triple Play health program, on a year-round basis, to decrease their risk of obesity and diabetes.
		Access to physical activity: Give Every Child A Chance was awarded a $45,000 grant to provide 1,350 students attending after-school programs at 12 school sites in Manteca, Ripon, Lathrop, French Camp, Banta, and Stockton with nutrition, health education, and physical activity programming.
		Access to physical activity: San Joaquin County Office of Education was awarded a $70,000 grant to provide 1,000 students in after-school programs throughout San Joaquin County with nutrition, fitness programming, and access to healthy food.
Mental Health & Wellness	In 2018, there were 15 grants totaling $516,209.86 that addressed Mental Health and Wellness in the KFH-Manteca service area.	**Stigma Reduction**: Delta Health Care and Management Services Corporation was awarded a $90,000 grant to implement a teen-focused, campus-based informational campaign at Stockton's Edison High School with the goal of reducing mental health stigma and increasing utilization of mental health services for more than 2,000 students.
		Stigma Reduction: Public Health Advocates was awarded a $70,000 grant to provide 1,330 students, staff, and parents at two Stockton high schools with strategies to support healing and resilience, reduce stigma, and promote appropriate use of behavioral health services.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Access: Helping Others Provide Encouragement (HOPE) Ministries, Inc. was awarded a $90,000 grant to build a children's wellness center at its emergency homeless shelter site, which will be staffed by mental health experts who will evaluate children residing at the shelter to identify needs and design treatment plans.
		Access: Delta Health Care and Management Services Corporation was awarded a $98,000 grant to ensure trauma-informed mental health and wellness services are available and accessible for more than 1,800 students attending Stagg High School in Stockton.
		Prevention: Sow a Seed Community Foundation was awarded a $60,000 grant to provide 400 vulnerable youth attending schools in the Stockton and Tracy unified school districts with mentoring and mental health services.

Kaiser Foundation Hospital – Northern California Region

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

MODESTO

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

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in the community

III. KFH-Modesto Community Served

A. Kaiser Permanente's Definition of Community Served

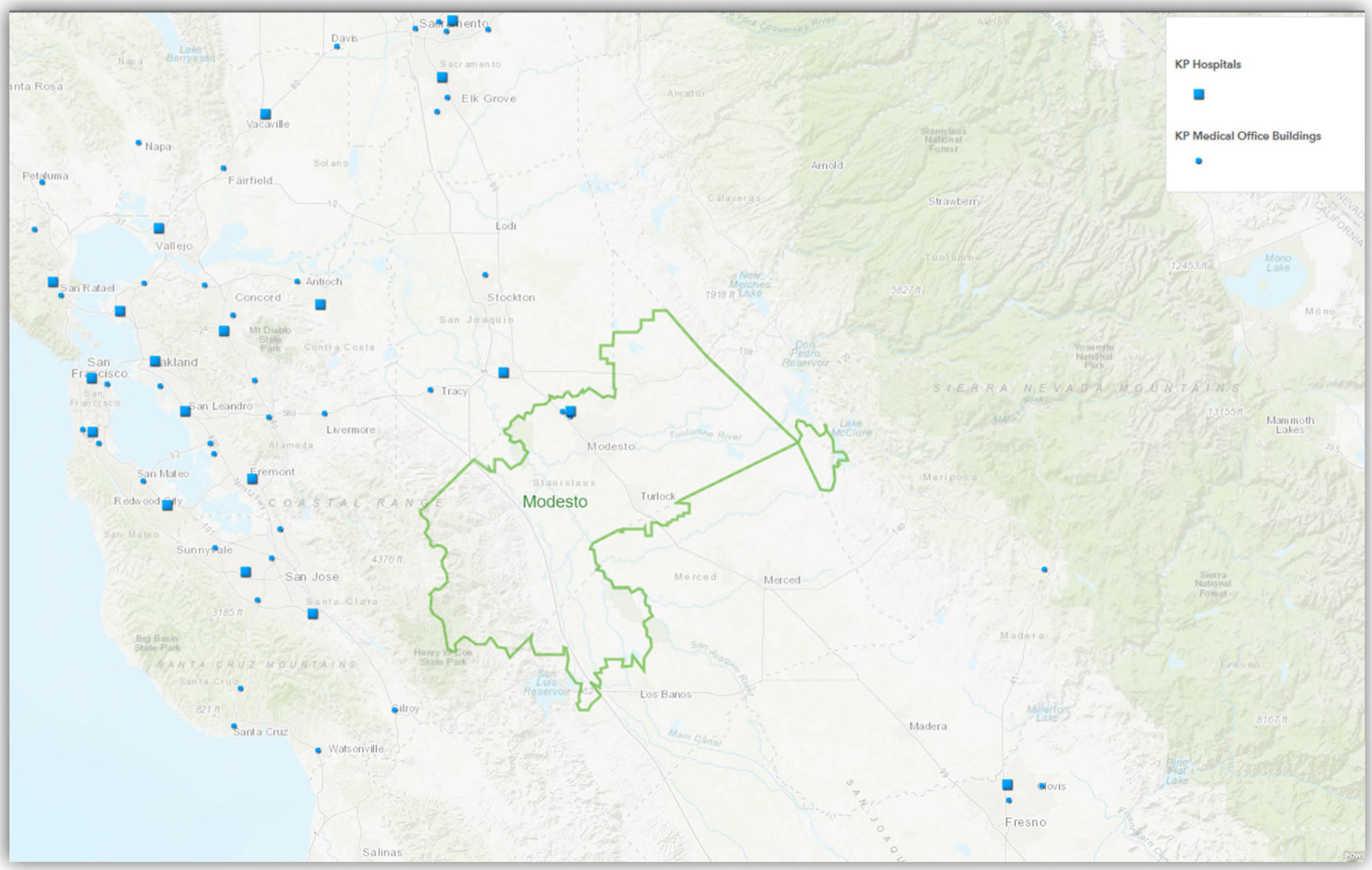
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	542,353
White	74.8%
Black/African American	2.7%
Asian	5.3%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.6%
Some Other Race	11.5%

Multiple Races	4.6%
Hispanic/Latino	44.5%
Total Living in Poverty (<100% FPL)	18.3%
Children Living in Poverty	24.8%
Unemployment Rate	6.2%
Uninsured Population	11.7%
Adults with No High School Diploma	22.6%

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



The KFH-Modesto service area includes Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.

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

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

1. Access to Care and Coverage

To align with language across other KFH facilities, Access to Health Care from the Modesto CHNA was renamed Access to Care and Coverage in the IS. The content/meaning of the need did not change. Access to high-quality, culturally competent, affordable health care and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In Stanislaus County, residents have less access to dentists, primary care providers, and mental health providers as compared to the state. Secondary data revealed that health care access is a particular concern for low-income populations and those without health insurance. Lack of transportation, long wait times, difficulty scheduling appointments, language issues, and poor quality of care were frequently discussed by stakeholders and in the focus groups.

2. Healthy Eating, Active Living

To align with language across other KFH facilities, Obesity/HEAL/Diabetes from the Modesto CHNA was renamed Healthy Eating Active Living (HEAL) for the IS. The content/meaning of the need did not change. A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity, diabetes, cardiovascular disease, and strokes. Obesity rates, diabetes prevalence, and related hospitalizations were higher in Stanislaus County as compared to the state. Obesity was the most frequently cited health concern among stakeholders and focus groups. Lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data and confirmed by secondary data.

3. Behavioral Health

To align with language across other KFH facilities, Mental Health and Substance Abuse from the Modesto CHNA were combined and renamed Behavioral Health for the IS. The content/meaning of the need did not change. Mental health and well-being are essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Access to mental health providers is limited in Stanislaus County. Compared to the state average of 157 mental health providers per 100,000 population, Stanislaus County has 61.9 providers per 100,000 population. Primary data indicate that low-income individuals are particularly impacted by high levels of stress due to lack of employment, education, and housing opportunities. Non-Hispanic White, Asian, and Native Hawaiian/Pacific Islander populations in Stanislaus county are disproportionately affected by suicide.

V. 2018 Year-End Results for KFH-Modesto

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

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-Modesto

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$2,981,672
Charity care: Medical Financial Assistance Program[b]	2,686,277
Grants and donations for medical services[c]	9,569,138
Subtotal	***$15,237,087***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$348,155
Grants and donations for community-based programs[e]	972,437
Community Benefit administration and operations[f]	194,556
Subtotal	***$1,515,148***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,259
Community Giving Campaign administrative expenses	14,602
Grants and donations for the broader community[h]	58,317
National board of directors fund	13,298
Subtotal	***$87,476***
Health Research, Education, and Training	
Graduate Medical Education	$261,611
Non-MD provider education and training programs[i]	291,304
Grants and donations for health research, education, and training[j]	32,143
Health research	519,388
Subtotal	***$1,104,446***
Total Community Benefits Provided	**$17,944,158**

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-Modesto'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-Modesto 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-Modesto. 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 29 grants totaling $9,571,245.32 that addressed Access to Care in the KFH-Modesto service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 52 Medi-Cal members and 940 Charitable Health Coverage (CHC) members. And 6,040 individuals received Medical Financial Assistance (MFA).
		PHASE: Golden Valley Health Centers (GVHC) received a three-year $150K grant to support the successful use of PHASE. Strategies include strengthening team-based care and supporting that work through the development of strong standing orders/work flows, as well as implementing a QI coaching model to support individual sites. GVHC is reaching more than 20,000 patients through PHASE; 85% of is patients with diabetes and 71% of its patients with hypertension have their blood pressure controlled.
		Social Non-Medical Services: United Way of Stanislaus County was awarded a $90,000 grant to support 211, which provides referrals and access to social service programs 24/7 in Stanislaus County for more than 10,000 individuals who dial 211 from their phones or access the online database.
		Access to Health Care: Catholic Charities Diocese of Stockton was awarded a $37,500 grant (split with KFH-Manteca) to assist 462 families eligible for Medi-Cal coverage with application assistance, enrollment, and retention of benefits.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Healthy Eating Active Living	In 2018, there were 20 grants totaling $467,330.95 that addressed Healthy Eating Active Living in the KFH-Modesto service area.	**Access to healthy, affordable foods**: Center for Human Services received a $95,000 grant to conduct CalFresh outreach and enrollment for up 2,500 low-income rural, immigrant, and senior residents through family resource centers in Turlock, Ceres, Newman, Patterson, Oakdale, and their surrounding communities. To date, staff have screened 902 households for food insecurity, assisted with 36 CalFresh applications and helped 62 households complete semi-annual reports to maintain benefits.
		Parks: Stanislaus County Health Services Agency was awarded a $75,000 grant to create a 1-mile recreational trail with outlooks, seating, kiosks, drinking water, ADA restrooms and parking, solar LED lighting, cameras, event area, and native trees and plants at Laird Regional Park. The goal is to increase opportunities for physical activity for an estimated 530,000 individuals.
		Parks: Stanislaus County Police Activities League (PAL) was awarded a $85,000 grant to create an ADA-compliant playground at Laird Regional Park that will increase opportunities for physical activity for an estimated 530,000 individuals.
		Access to free, safe drinking water: Sylvan Union School District received a $75,000 grant to install ADA-compliant filtered water stations for refilling water bottles at 13 school sites throughout the district, impacting 8,235 students and 900 staff members.
		Access to physical activity: Healthy Aging Association was awarded a $30,000 grant to reduce fall risks for 800 adults 50 and older by increasing nutritional awareness and physical activity levels.
Behavioral Health	In 2018, there were 12 grants totaling $357,851.84 that addressed Behavioral Health in the KFH-Modesto service area.	**Stigma Reduction**: Stanislaus Multi-Cultural Community Health Coalition West Modesto/King Kennedy Neighborhood Collaborative was awarded a $90,000 grant to support culturally and linguistically appropriate stigma reduction efforts in West Modesto, targeting more than 450 youth and faith-based communities through presentations, peer education, and direct mental health services.
		Access to behavioral health services: Sierra Vista Child and Family Services was awarded a $74,859.28 grant to support the Neighborhood Connections for Southeast Stanislaus program that will increase access to culturally competent mental health counseling and outreach for 1,400 uninsured individuals 6 to 17.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Access to behavioral health services: Sierra Vista Child and Family Services was awarded a $74,532.70 grant to support the West Modesto Mental and Behavioral Health program that will connect 1,400 individuals to mental health and prevention services in South East Stanislaus County.
		Prevention and support: Stanislaus Multi-Cultural Community Health Coalition West Modesto/King Kennedy Neighborhood Collaborative was awarded a $90,000 grant to support the Mental Wellness for Children and Families Initiative, which supports culturally and linguistically competent services for 150 individuals with mild to moderate behavioral challenges.

Kaiser Foundation Hospital – Southern California Region

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

MORENO VALLEY

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

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III. KFH-Moreno Valley and Coachella Valley Community Served

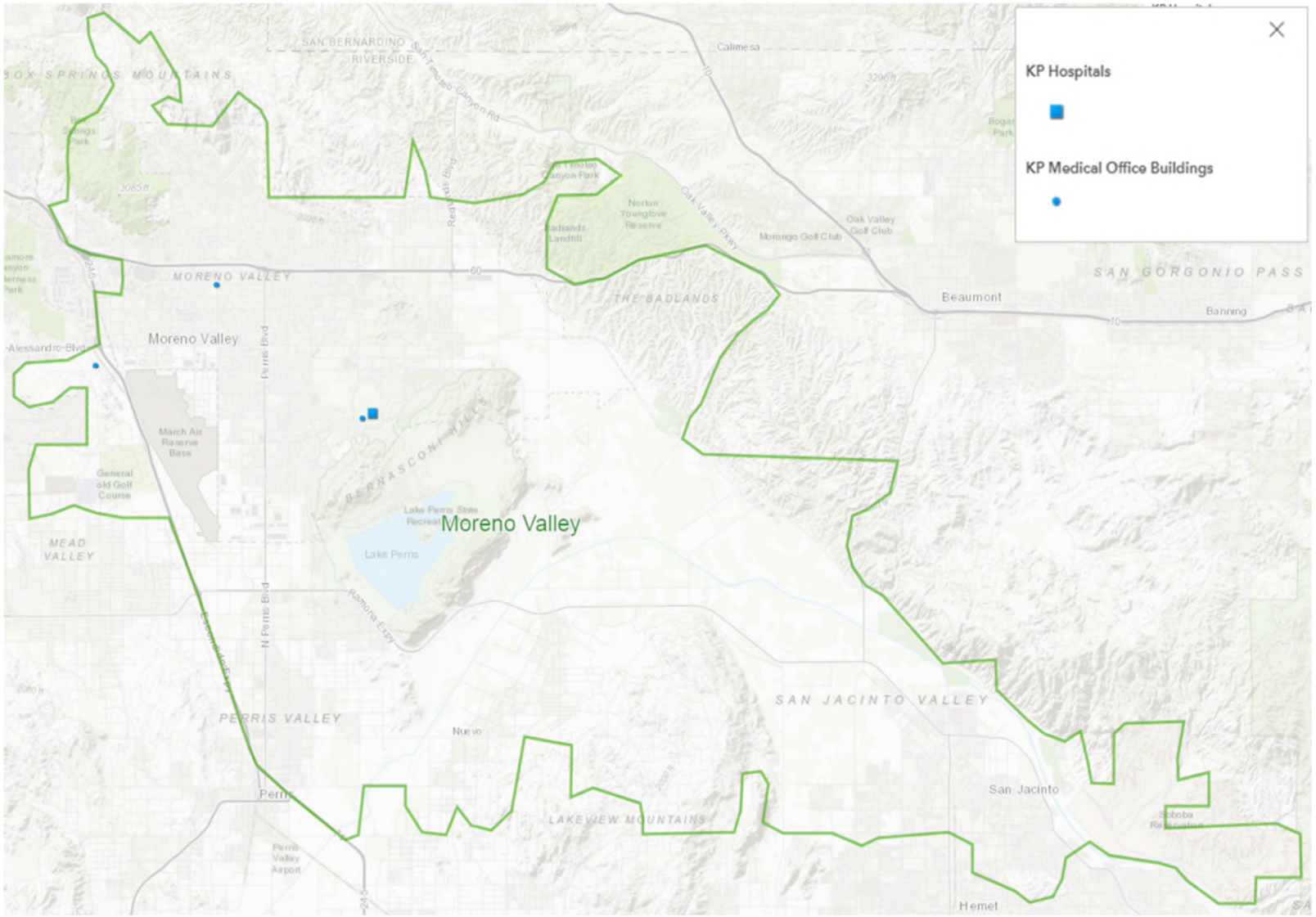
A. Kaiser Permanente's Definition of Community Served

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.

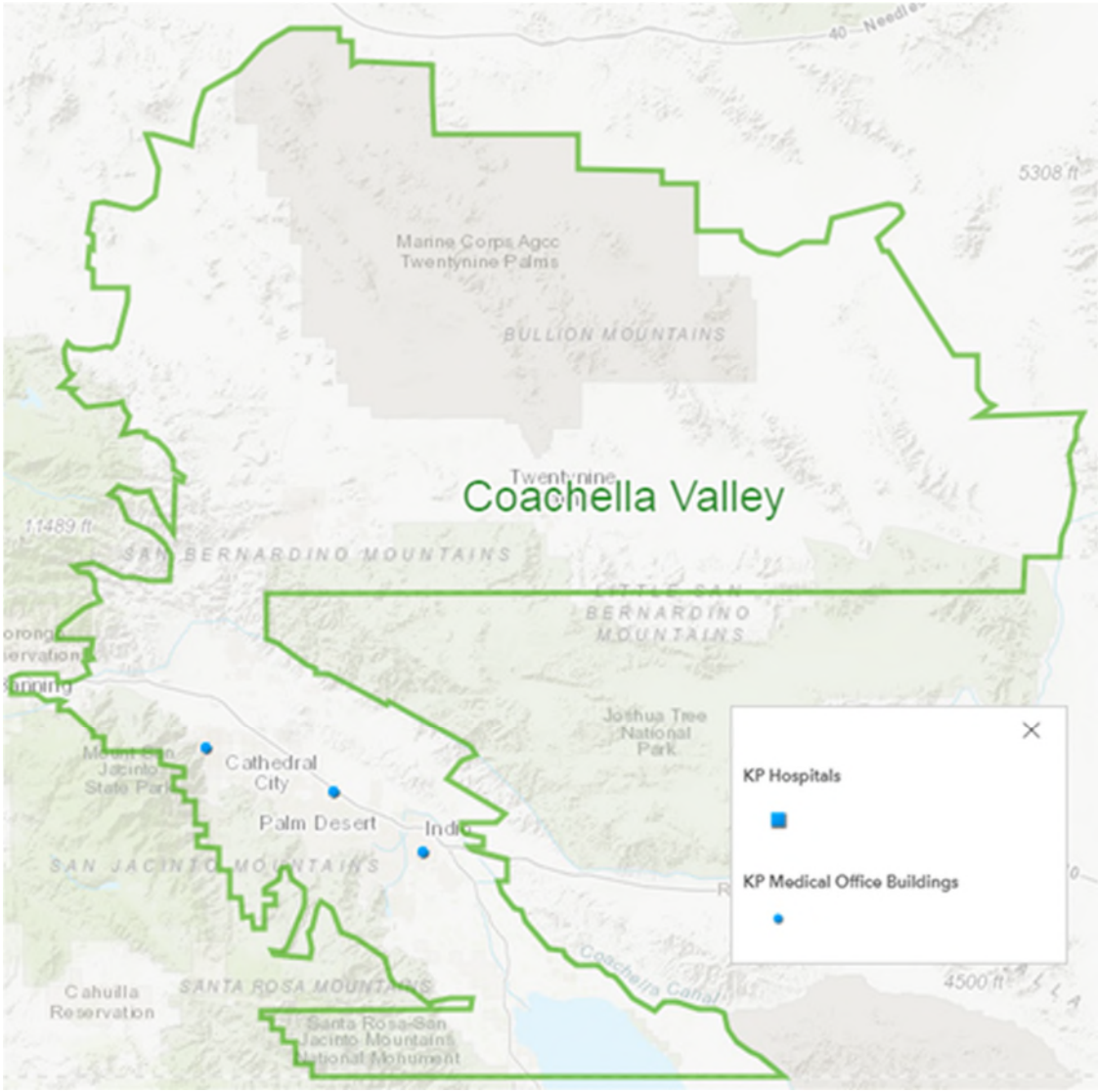
B. Map and Description of Community Served

The KFH-Moreno Valley and Coachella Valley service area includes Cabazon, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Joshua Tree,La Quinta,, March Air Reserve Base, Mecca, Moreno Valley, Morongo Valley, Nuevo, Palm Springs, Palm Desert, Perris, Rancho Mirage, Salton City, San Jacinto, Thermal, Thousand Palms, Twentynine Palms, Whitewater and Yucca Valley.

KFH-Moreno Valley Service Area Map



KFH-Coachella Valley Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Moreno Valley and Coachella Valley 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.

KFH-Moreno Valley Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	318,576	Living in Poverty (<100% Federal Poverty Level)	19.48%
Asian	4.99%	Children in Poverty	27.58%
Black	14.17%	Unemployment	4.3%
Hispanic/Latino	58.40%	Uninsured Population	17.62%
Native American/Alaska Native	0.29%	Adults with No High School Diploma	25.80%
Pacific Islander/Native Hawaiian	0.47%		
Some Other Race	0.14%		
Multiple Races	1.91%		
White	19.64%		

KFH-Coachella Valley Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	513,793	Living in Poverty (<100% Federal Poverty Level)	20.96%
Asian	2.68%	Children in Poverty	32.39%
Black	2.86%	Unemployment	4.2%
Hispanic/Latino	48.44%	Uninsured Population	16.48%
Native American/Alaska Native	0.42%	Adults with No High School Diploma	20.50%
Pacific Islander/Native Hawaiian	0.14%		
Some Other Race	0.17%		
Multiple Races	1.73%		
White	43.57%		

IV. Description of Community Health Needs Addressed by KFH-Moreno Valley and Coachella Valley

The following are the health needs that KFH-Moreno Valley and Coachella Valley 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

The ability to access medical care is a wide-reaching construct that includes aspects such as the presence of health insurance, the affordability of seeking treatment, the availability of health care providers who can provide treatment, the ability to get to places where treatment is provided, and other issues around accessibility. Many people in the KFH-Moreno Valley service area still lack health insurance (22% are uninsured), and those that have it are often unclear on how to navigate the health care system and how to use it. Even those with health insurance who know how to get care can struggle to receive the care they need due to a shortage of providers; the local ratio of primary care providers to patient population is nearly half the California State average. This health need was selected because of its high priority ranking and KFH-Moreno Valley's wealth of existing resources and connections to address this issue.

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 health issues are closely related to other issues such as alcohol and substance use and abuse and smoking. Two indicators of mental health in the KFH-Moreno Valley service area are rates of suicide and the availability of mental health providers. In Coachella Valley, suicide mortality rates are much higher than in the State of California overall (14.2 versus 9.8 per 100,000 population). Additionally, there is a serious lack of mental health care providers; there are about 70 providers per 100,000 people in the KFH-Moreno Valley service area (compared to the state average of 157 per 100,000). KFH-Moreno Valley has many existing partnerships that can be used to address this issue.

C. Obesity/HEAL/Diabetes

Excess weight is a major problem in the U.S. Being overweight, or, at a more extreme level, obese, can cause many health issues and exacerbate many existing conditions. Obesity is caused, in part, by an imbalance of energy output to energy intake; that is,

eating too much or eating unhealthy food, while not obtaining enough exercise. Diabetes is the 7th leading cause of death in America. 95% of people with diabetes have type 2 diabetes, which is highly associated with obesity/overweight. Over 60% of local adults are overweight or obese. Obesity is a risk factor for many of the other health issues that were identified (e.g., cardiovascular disease, cancer, diabetes, etc.), and thus, is a good place to start to reduce those issues as well. KFH-Moreno Valley will strive to encourage healthy eating and active living in order to reduce the number of people who are overweight or obese and or are at risk of having diabetes. KFH-Moreno Valley will continue to collaborate with existing resources and connections to address this need.

V. 2018 Year-End Results for KFH-Moreno Valley and Coachella Valley

A. 2018 Community Benefit Financial Resources Provided by KFH-Moreno Valley and Coachella Valley

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: KFH-Moreno Valley and Coachella Valley 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$9,765,751
Charity care: Medical Financial Assistance Program[2]	$2,309,621
Grants and donations for medical services[3]	$162,834
Subtotal	***$12,238,206***
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs[5]	$34,967
Grants and donations for community-based programs[6]	$251,893
Community Benefit administration and operations[7]	$139,387
Subtotal	***$426,247***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$29,434
Kaiser Permanente Educational Theatre	$104,953
Community Giving Campaign administrative expenses	$4,836
Grants and donations for the broader community[9]	$62,359
National board of directors fund	$8,736
Subtotal	***$210,318***
Health Research, Education, and Training	
Non-MD provider education and training programs[10]	$59,001
Grants and donations for health research, education, and training[11]	$41,443
Health research	$250,021
Subtotal	***$350,465***
Total Community Benefits Provided	**$13,225,236**

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-Moreno Valley and Coachella Valley 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-Moreno Valley 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-Moreno Valley and Coachella Valley. 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- Moreno Valley and Coachella Valley 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 24 events in 10 schools in the KFH-Moreno Valley communities, reaching 4,432 youth and 151 adults.

- In 2018, Educational Theater provided 10 events in 5 schools in the KFH-Coachella Valley communities, reaching 1,658 youth and 60 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Health Care	During 2018, Kaiser Permanente paid 7 grants, totaling $326,667, addressing the priority health need in the KFH-Moreno Valley and KFH-Coachella Valley service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling $591,667 that address this need.	**Providing Affordable Health-care** In 2018, KFH-Moreno Valley provided $9,765,751 in medical care services to 16,244 Medi-Cal recipients (both health plan members and non-members) and $2,309,621 in medical financial assistance (MFA) for 3,794 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.

			Preserving and Expanding California Coverage Gains~ 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: • 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.
			Health Care Access and Coverage for Homeless and at-risk Veterans United States Veterans Initiative provides primary care, mental health and case management services to at-risk, chronically homeless and disabled veterans at the March Air Reserve Base facility. In 2018, Kaiser Permanente awarded US Vets $25,000 to: • Provide 219 veterans and their families with enrollment coordination services for all eligible health benefits. • Connect clients to a medical home and case management services. • Coordinate psychiatric, dental, addiction and transportation services.
Mental and Behavioral Health	**Behavioral Health**	During 2018, Kaiser Permanente paid 7 grants, totaling $235,000, addressing the priority health need in the KFH-Moreno Valley and KFH-Coachella Valley service areas. In addition, a portion of money	**Strengthening Mental Health Policies and Practices in Schools~** 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.

		managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.	Over two years (2017-2018), Kaiser Permanente paid $150,000 to Children Now to: • 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.
			Improving Services for Human Trafficking Survivors~ The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
			Addressing Adverse Childhood Experiences (ACEs)* The Family Service Association Mental Health Staff Development program trains mental service providers in Parent Child Interaction Therapy, an evidence-based treatment for childhood behavioral issues. In 2018, Kaiser Permanente paid the association $40,000 to: • Train eight master level therapists in Adverse Childhood Experiences and Trauma Informed Practices. • Fully implement Adverse Childhood Experience (ACEs) screening with 500 participants across all clinical programs.
			Mental Health First Aid Training Copper Mountain College Foundation invested in a Mental Health First Aid Train the Trainer model to help teachers and staff to

identify, understand, and respond to signs of mental illness and substance abuse disorders. In 2018, Kaiser Permanente paid Copper Mountain Foundation $10,000 to:

- Provide Mental Health First Aid training to 24 college employees.
- Identify a college staff to serve as the key instructor for future training sessions.
- Trained employees will provide Mental Health First Aid sessions throughout the campus and in community settings.

Partnering around Mental Health

KFH-Moreno Valley's Community Health Manager has participated in the Riverside Resilience Initiative, a county-wide collaborative which began in 2016. Community leaders formed two workgroups to work on strategies around innovative approaches to collecting ACEs data, activate policy and practice change to advance trauma informed care delivery. The collaborative has hosted educational training webinars, town hall meetings, and learning workshops.

Leveraging assets for Mental Health

Our core functions across KP are using their assets to drive Mental & Behavioral Health. For example:

- Facilities: KFH-Moreno Valley conference room space was made available to the National Alliance for Mental Illness (NAMI) who provide the 10-week series Family to Family and Peer to Peer sessions at no cost to the community. During 2017-18, a total of 344 individuals participated in the weekly series.

Obesity/ HEAL/ Diabetes	During 2018, Kaiser Permanente paid 10 grants, totaling $510,000, addressing the priority health need in the KFH-Moreno Valley and KFH-Coachella Valley service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 5 grants, totaling $836,111 that address this need.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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.
		Fighting Food Insecurity~ 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: • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

Healthy Living Program to Youth in Moreno Valley

Think Together provides the Healthy Living Program at 20 schools in Moreno Valley and Val Verde Unified School District for the 2017-2018 school year. In 2018, Kaiser Permanente paid Think Together $25,000 to:

- Provide 3,122 middle and elementary school students with nutrition education and physical activities.
- Students in the program will engage in 30 minutes of physical activity at least four days a week through our CATCH (Coordinated Approach to Child Health) and new Skillastics® curriculum.
- Students are learning about the nutritional value of various foods, tasting new fruits and vegetables, and learning to read food labels with discussion and reflection.

Partnering around Obesity

KP's partnership with Riverside County Health Coalition, which started in 2009, continues to align the strategies of the County Health Improvement Plan (CHIP) through a collaborative approach. Each quarterly meeting aims at providing topic specific expert panel speakers, discussions, and networking opportunities to the diverse and multi-sectoral group of community leaders. Topics in 2017 and 2018 have included: Racial & Ethnic Disparities Across the Lifespan; Improving Food Access in Riverside County; Education & Health; Developing a Resilient Community; Intersection between Behavioral & Physical Health; Housing & Health; and Healthy Cities Network

Leveraging assets around Obesity and Health Living for Children

Our core functions across KP are using their assets to drive the prevention of Obesity and Diabetes. For example:

- Responsive: KFH-Moreno Valley's Leadership Development Institute participants (400 managers) and outlying medical office building staff responded to Moreno Valley Unified School District's most under-resourced students by coordinating 3 collection drives throughout 2018. Through the direction of the District's Wellness Liaison, backpacks, shoes, and food pantry items have provided students with much needed items to thrive at school.

Kaiser Foundation Hospital – Northern California Region

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

OAKLAND

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

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III. KFH-Oakland Community Served

A. Kaiser Permanente's Definition of Community Served

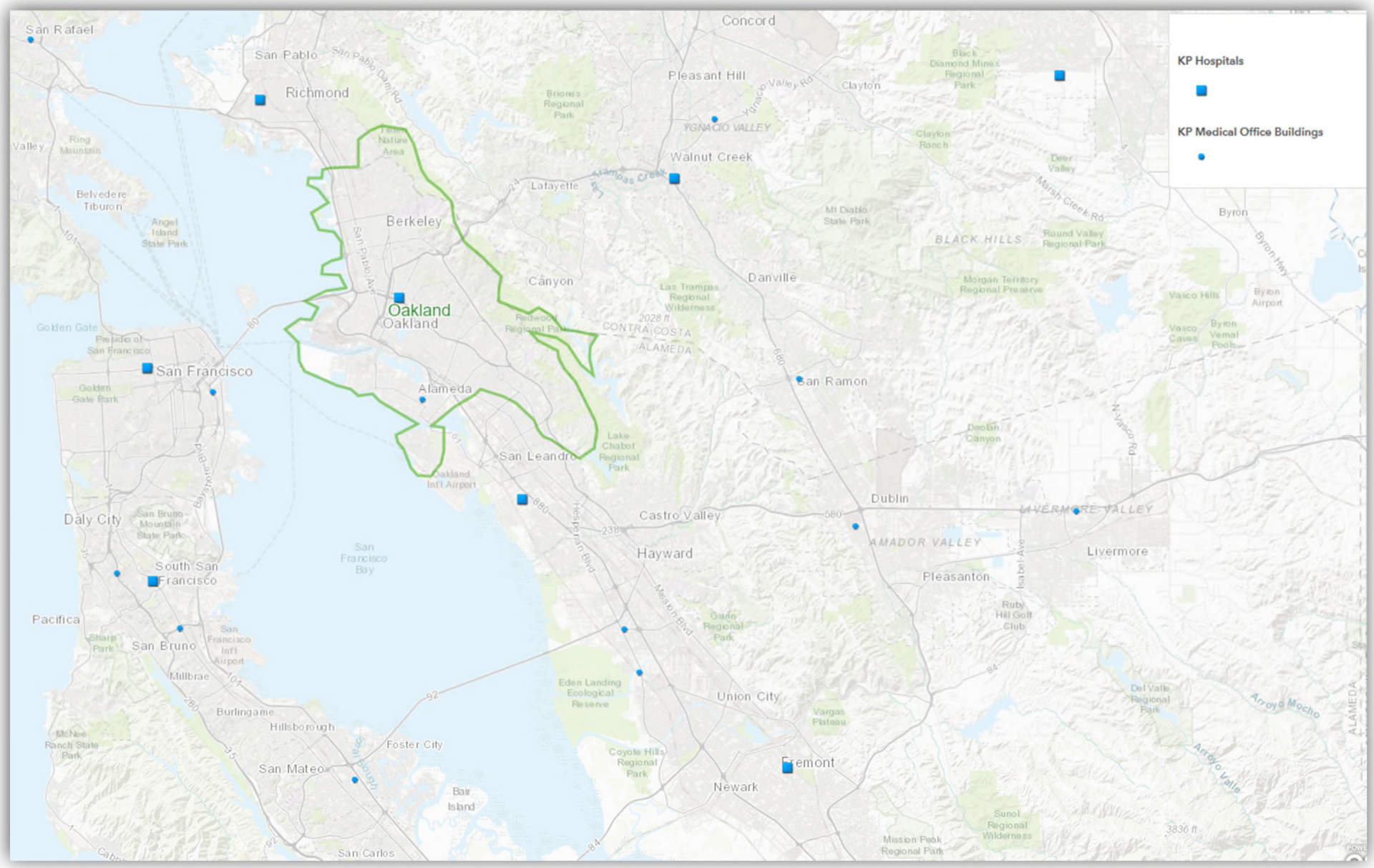
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	587,090
White	47.7%
Black/African American	16.6%
Asian	20.5%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	6.9%

Multiple Races	7.1%
Hispanic/Latino	17.0%
Total Living in Poverty (<100% FPL)	16.6%
Children Living in Poverty	18.8%
Unemployment Rate	2.9%
Uninsured Population	9.0%
Adults with No High School Diploma	12.1%

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



The KFH-Oakland service area includes Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

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

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

1. Behavioral Health

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse were identified as separate needs in the CHNA, but 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 to 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 issues, depression and anxiety, and the impact of trauma affect 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.

2. Community and Family Safety

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. Children exposed to family and community violence are more likely to develop chronic illness as adults. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's World Report on Violence and Health. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a

community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

3. 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.

4. Obesity, Diabetes, Healthy Eating, Active Living (Renamed “Healthy Eating, Active Living”)

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.

5. Economic Security

An individual’s health-related behaviors, surrounding physical environments, and health care all contribute significantly to how long and how well we live. However, none of these factors is as important to population health as are the social and economic environments in which we live, learn, work, and play. These economic and social conditions are referred to as the “social determinants of health.” Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child’s life, even if social conditions subsequently improve. By working to establish policies that positively influence economic and social conditions, we can improve health for large numbers of people in ways that can be sustained over time.

V. 2018 Year-End Results for KFH-Oakland

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

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-Oakland

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$20,102,639
Charity care: Medical Financial Assistance Program[b]	10,254,805
Grants and donations for medical services[c]	2,242,031
Subtotal	***$32,599,474***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$185,732
Grants and donations for community-based programs[e]	3,215,768
Community Benefit administration and operations[f]	351,675
Subtotal	***$3,753,176***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$2,276
Community Giving Campaign administrative expenses	26,394
Grants and donations for the broader community[h]	232,940
National board of directors fund	24,037
Subtotal	***$285,647***
Health Research, Education, and Training	
Graduate Medical Education	$14,707,677
Non-MD provider education and training programs[i]	1,437,605
Grants and donations for health research, education, and training[j]	77,143
Health research	941,839
Subtotal	**$17,164,264**
Total Community Benefits Provided	**$53,802,561**

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-Oakland'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-Oakland 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-Oakland. 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 66 grants totaling $2,290,859.67 that addressed Access to Care in the KFH-Oakland service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 10,346 Medi-Cal members and 201 Charitable Health Coverage (CHC) members. And 11,421 individuals received Medical Financial Assistance (MFA).
		PHASE: Community Health Center Network (CHCN) received a three-year $500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE among member health center organizations. Strategies include supporting health centers' QI and data infrastructure through training and sharing of best practices. CHCN is reaching more than 37,000 patients through PHASE; 75% of its patients with diabetes and 70% of those with hypertension have their blood pressure controlled.
		211: Eden I&R, Inc. received a $50,000 grant (even split with three KFH hospital service areas) to support 211, a free, 24/7 multilingual phone service that links callers to vital health, housing, and human services by providing information and referrals to resources and programs throughout Alameda County. To date, 211 has received a total of 17,456 calls and provided 28,484 housing, health, and human services referrals.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Social non-medical services: KFH-Oakland awarded $35,000 to La Clínica de la Raza's Just Health, a school-based medical-legal partnership to improve access to non-medical social services program. Just Health is available at six school-based health centers and offers on-campus workshops for staff, youth, and families; school-wide outreach events; and legal screenings, referrals, or consultations. At this writing, one outreach event has been conducted, the attorney has served 198 clients, and 63 consultations have been completed.
		Vaccinations: KFH-Oakland awarded $60,000 to Alameda County Public Health Department's Shoo the Flu (StF) program, which provides in-school influenza vaccinations to students and staff at Oakland area elementary schools. StF will vaccinate 9,800 students and staff and provide outreach and education to 36,000 students.
Healthy Eating Active Living	In 2018, there were 32 grants totaling $451,511.90 that addressed Healthy Eating Active Living in the KFH-Oakland service area	**Senior meals**: KFH-Oakland awarded a $50,000 grant to the Center for Elders' Independence program, Healthy Meals for Seniors, which aims to improve the nutrition and health of frail, low-income seniors through home-delivered meals, enabling them to live independently longer. The program will provide 100 seniors with 500 dietician-prepared meals per week for 52 weeks.
		Access: KFH-Oakland awarded $25,000 to Satellite Affordable Housing Associates' (SAHA) Community Garden and Wellness Program, which serves low-income seniors, families, and people with special needs living in SAHA's properties in Oakland and Berkeley. The program increases healthy food access and promotes active living through the community garden, CalFresh outreach, and weekly exercise classes. The program will reach 800 residents.
		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 and provides a monthly supplement for purchasing nutritious food. To date, the program has submitted 678 completed CalFresh applications, 80% of which were approved.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Parks: Oakland Parks and Recreation Foundation received a $75,000 grant to engage community residents in renovating Holly Mini Park in East Oakland. Design plans are complete and renovation planning is underway with a groundbreaking expected in Spring 2019. Once open, the park will improve access to safe opportunities for physical activity for more than 2,000 residents who live within a 0.5-mile radius of the park.
Mental Health & Wellness	In 2018, there were 42 grants totaling $940,527.89 that addressed Behavioral Health in the KFH-Oakland service area.	**Clinical training program**: KFH-Oakland awarded $29,580 grant (even split with KFH-Richmond) to Partnerships for Trauma Recovery, a project that supports training for three clinical psychology doctoral students in the Global Healing and Human Rights clinical training program. Trainees have participated in 98 clinical training hours and have seen 28 individual direct clients (84 indirect clients).
		Early intervention: KFH-Oakland awarded $30,000 to Ann Martin Center's Promoting Access to Mental Health Care through Prevention and Early Intervention program. This effort, designed to increase access to mental health services by providing case management, therapy, and parent education in Oakland and Emeryville communities, will reach 200 children and families.
		Stigma: YR Media (formerly Youth Radio) received a $90,000 grant to implement Hear Me Out, a creative workshop series and multimedia campaign that engages a diverse group of young people in exploring ways they receive mental health support from members of their larger community. YR Media plans to partner with at least three youth-serving organizations with the goal to reduce mental health stigma and empower young people to find mental health supports in their community.
		Resilience: La Clínica De La Raza, Inc. received a $98,000 grant to partner with Roosevelt Middle School to strengthen its trauma-informed school environment by providing trauma-informed mental health services, training for teachers, and restorative practices school-wide. To date, 100% of teachers received training on trauma-informed teaching and vicarious trauma. Almost half of the teachers received training in trauma-informed classroom design and developed calm corners in their classrooms. Of those teachers, 80% report a decrease in the use of exclusionary discipline in their classrooms this year.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Community and Family Safety	In 2018, there were 23 grants totaling $573,553.00 that addressed Community and Family Safety in the KFH-Oakland service area.	**Job training**: KFH-Oakland awarded $30,000 (even split with KFH-Richmond) to The Bread Project, which equips hard to employ residents with culinary training. The project's Bakery Bootcamp will provide commercial baking training and professional development to foster stronger communities. The program intends to reach 100 residents. To date, 22 new participates have enrolled in the program; 95% have graduated and 85% are expected to get employment placement.
		Workforce and job training: KFH-Oakland awarded $49,556 (even split with KFH-Richmond) to San Pablo Economic Development Corporations to deepen engagement, extend reach, refer, and serve violence-vulnerable populations with needed workforce supports and job training, while also engaging them and the wider community in listening forums, events, and programs co-hosted with San Pablo Police Department to nurture interactive, organic, and community-driven relationships. A total of 1,385 participants will be reached.
Economic Security	In 2018, there were 26 grants totaling $950,261.94 that addressed Economic Security in the KFH-Oakland service area.	**Business Development**: Centro Community Partners received a $50,000 grant to assist individuals in underserved communities in Oakland to start or grow microenterprises as means to achieve financial security for themselves and their families. In 2017, 45 low-to-moderate income entrepreneurs graduated from the Centro's Basic Entrepreneurship Program. Centro facilitated access to $112,000 in microloans and provided more than 150 hours of technical assistance to help entrepreneurs start or grow their businesses.
		Job training and food insecurity: Food Shift: A Project of Earth Island Institute Inc. received a $95,000 grant to increase economic security through job training and employment for individuals with barriers to employment and increase access to nutritious food for food-insecure individuals. To date, Food Shift has rescued more than 15,000 pounds of otherwise wasted food and distributed it to four local agencies that serve 5,250 people in food-insecure communities. The Food Shift Kitchen (TFSK) provided job training and employment to five individuals and generated more than $10,000 in catering service revenue.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Economic opportunity: In 2018, Planting Justice received a $75,000 grant to create economic opportunity in a disenfranchised Oakland community through an organic commercial farm/nursery that provides job opportunities, education, healthy food, opportunities for formerly-incarcerated people; and serves as a center for healing in the community. Because of this effort, 15 living wage jobs will be created, 70 people with barriers to employment will participate in farmer training program, and neighborhood residents will participate in farm activities and have increased access to fresh produce.
		Mentorship The Hidden Genius Project received a $75,000 grant (even split with three KFH hospital service areas) to support black male high school students through mentorship and skill-building in computer science, software development, entrepreneurship, and leadership. Because of this program, 70 students will complete a 15-month training, acquire technical skills they can apply towards tech careers, graduate high school, and enroll in post-secondary education.
		Financial service support: East Bay Asian Local Development Corporation received a $200,000 multiyear grant to support SparkPoint, a financial service collaborative focused on helping low-to-moderate income individuals improve income, build savings, decrease debt, and build credit. To date, SparkPoint has served nearly 600 clients with financial services support; 21% have reduced their debt and increased their income, 14% have improved their credit, and 17% increased their savings.

Kaiser Foundation Hospital – Southern California Region

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

PANORAMA CITY

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

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III. KFH-Panorama City and Antelope Valley Community Served

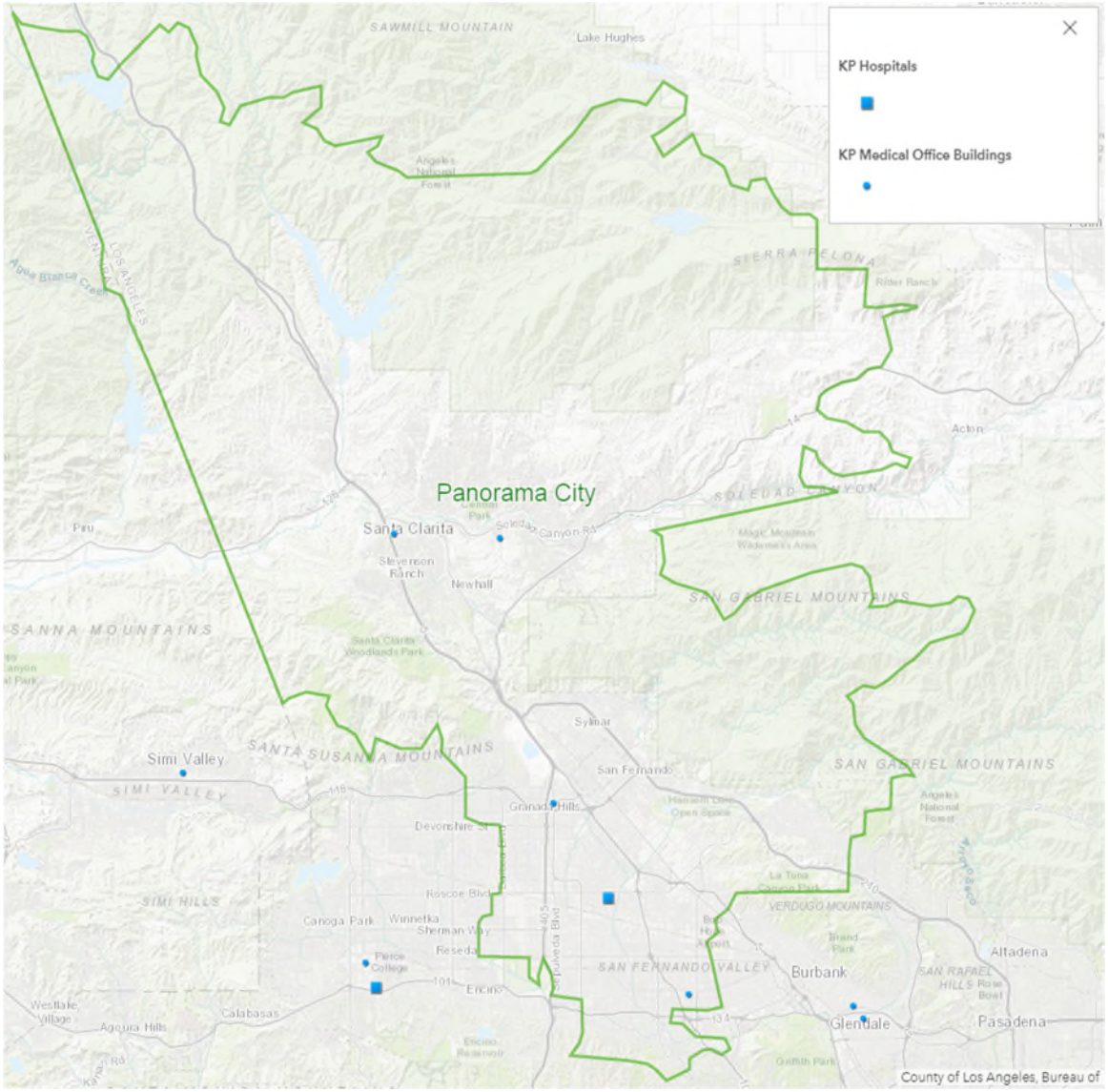
A. Kaiser Permanente's definition of community served

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.

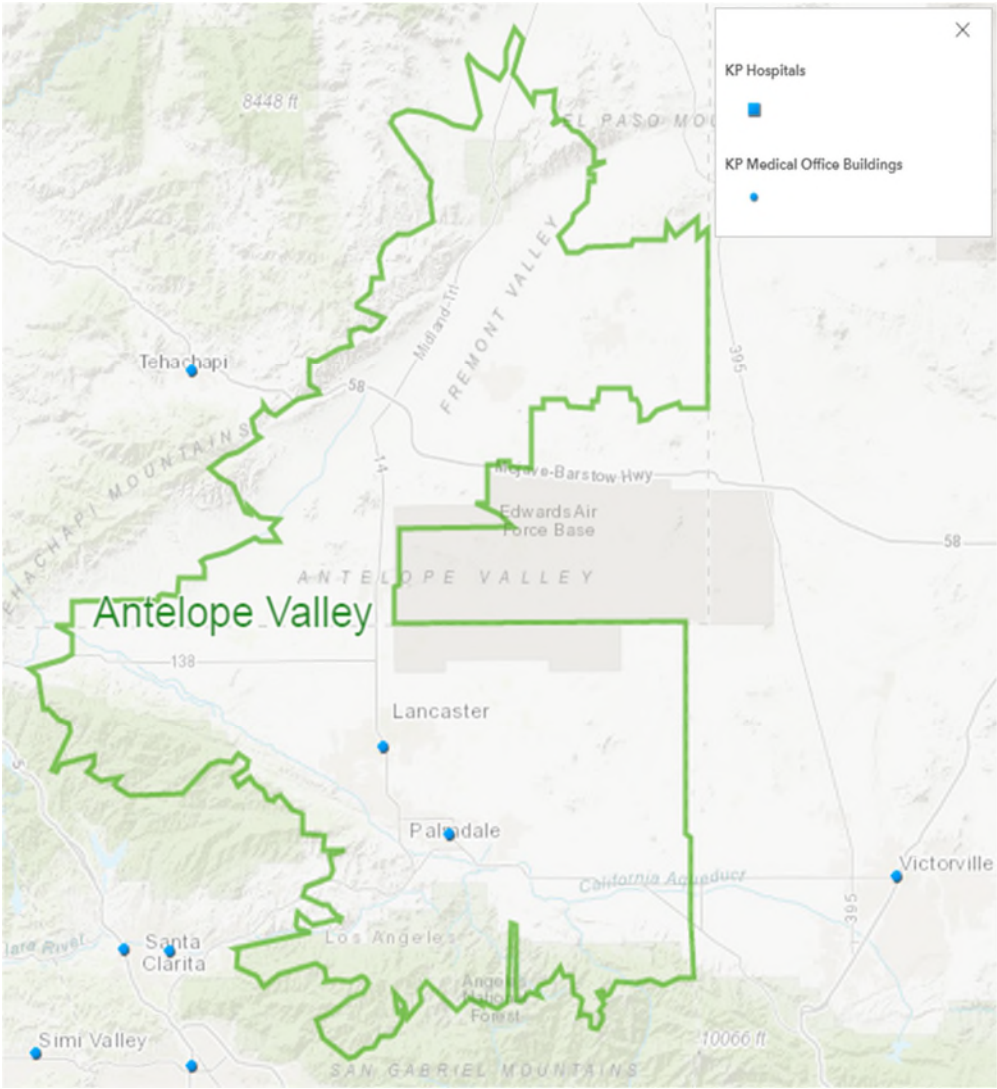
B. Map and description of community served

The KFH-Panorama City and Antelope Valley service area includes the San Fernando, Santa Clarita, and Antelope valleys. The San Fernando Valley includes Arleta, Granada Hills, Lakeview Terrace, Mission Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, San Fernando, Sepulveda, Sherman Oaks, Sunland, Sun Valley, Sylmar, Toluca Lake, Tujunga, and Van Nuys. The Santa Clarita Valley includes Canyon Country, Castaic, Newhall, Santa Clarita, Saugus, Stevenson Ranch, Val Verde, and Valencia. The Antelope Valley includes Acton, Lake Hughes, Lancaster, Little Rock, Llano, Palmdale, and Pearblossom.

KFH-Panorama City Service Area Map



KFH-Antelope Valley Service Area Map



C. Demographic profile of the community served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Panorama City and Antelope Valley 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.

Panorama City Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,232,358	Living in Poverty (<100% Federal Poverty Level)	16.36%
Asian	8.78%	Children in Poverty	22.78%
Black	3.73%	Unemployment	4.1%
Hispanic/Latino	51.47%	Uninsured Population	16.03%
Native American/Alaska Native	0.17%	Adults with No High School Diploma	22.30%
Pacific Islander/Native Hawaiian	0.13%		
Some Other Race	0.26%		
Multiple Races	2.26%		
White	33.19%		

Antelope Valley Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	424,496	Living in Poverty (<100% Federal Poverty Level)	21.99%
Asian	3.69%	Children in Poverty	29.93%
Black	14.61%	Unemployment	4.4%
Hispanic/Latino	45.64%	Uninsured Population	12.77%
Native American/Alaska Native	0.31%	Adults with No High School Diploma	21.70%
Pacific Islander/Native Hawaiian	0.15%		
Some Other Race	0.24%		
Multiple Races	2.58%		
White	32.77%		

IV. Description of Community Health Needs Addressed by KFH-Panorama City and Antelope Valley

The following are the health needs that KFH-Panorama City and Antelope Valley 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 routine and consistent health care is an important determinant of health. It is critical not only for early detection and treatment of illnesses, but also for accessing preventive measures that include physical examinations, immunizations, screenings and health education. Access to health care is impacted by including insurance status, economic status, the number of health care providers and clinics, geographic location and their hours of business. Access to care was rated by the community as the fifth highest health need in the service area. Additionally, 21.6% of the population in this service area is uninsured: 17.7% are uninsured in Antelope Valley; 22.9% are uninsured in Panorama City. Lack of insurance, unaffordable medical visits and lack of primary and specialty care providers are stated as barriers to accessing health care by the community. Furthermore, the community mentioned that people cannot afford to take time off work and cannot visit physicians, as few clinics are open outside of regular business hours. Other barriers include lack of knowledge of existing insurance programs and poor transportation. The community indicated that despite the Affordable Care Act, expansion of Medi-Cal, and the establishment of the health insurance market exchange, some populations such as the undocumented continue to have little means for coverage. Many persons do not qualify for Medi-Cal and cannot afford the insurance packages offered. Navigation is also a problem.

B. Economic Security

Poverty is an important social determinant of health and a barrier to meeting basic needs, including access to healthy foods, housing, and health care. For 2014, the federal poverty level (FPL) for one person was an annual income of $11,670 and for a family of four was $23,850. Compared to California (36.4%), the service area of KFH – Panorama City (40.3%) has a higher population living in poverty (200% below the federal poverty level - FPL). A higher percentage of people reside in poverty in Antelope Valley (45.7%) as compared to 38% in Panorama City. In addition, poverty is associated with decreased access to education (e.g. lower educational attainment) and employment opportunities (e.g. increased unemployment rates). Children between 0 and 17 years of age who live below 100% FPL face greater barriers than adults as it impacts the parent's ability to access health services, affordable housing, and healthy food that impacts the overall health of a child. A higher percentage of

children in poverty reside in the KFH – Panorama City service area (25.0%) than the state (22.7%) with Antelope Valley displaying a higher rate (28.9%) than Panorama City (23.4%). Community stakeholders point out there were limited opportunities for quality education to build job skills which reduces job opportunities that, in turn, put residents at risk for homelessness. There is an issue is a lack of affordable housing and shelters to temporarily house the homeless, forcing them to the streets.

C. 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. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. In the KFH – Panorama City service area, 18.1% of adults reported needing mental health care. Adults also reported being mentally unhealthy 3.7 days out of each month. Additionally, 15% of Medicare beneficiaries have been diagnosed with depression, compared to 13.4% in the state. There are not sufficient numbers of mental health providers in the area. While California has 157 mental health providers per 100,000 population, KFH – Panorama City's service area has 147 per 100,000 population: 141.4 per 100,000 in Antelope Valley; 149 per 100,000 in Panorama City. The rate for tobacco use for the service area (12.2%) is lower than the state (12.8%): 12.4% in Antelope Valley; 12.1% in Panorama City. Access to liquor stores may increase the likelihood of tobacco and alcohol use in the KFH – Panorama City service area: 8.81 stores per 100,000 population in Antelope Valley; 12.26 stores per 100,000 population in Panorama City.

D. 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. The majority of health outcomes for KFH – Panorama City's service area that do not meet California's benchmarks are conditions that can be associated with obesity. 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. More than 36% of adults in the service area are overweight and approximately 20% of all youth are overweight. Diabetes is the fifth leading cause of death in Los Angeles County. The rate of diabetes among adults in the service area of KFH – Panorama City has steadily increased between 2004 and 2011 and it now surpasses the state rate (8.1%): 8.5% in Antelope Valley; 8.4% in Panorama City. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. The diabetes hospitalization rate in the service area is 8.0 per 10,000 population. This rate is lower than the county (11.1) or state (10.4) rate of hospitalizations for diabetes. Community members stated many residents do not know enough about eating healthy and are likely to purchase food from fast food restaurants as this is cheaper than healthy food

options from supermarkets. They indicated there are an inadequate number of grocery stores and locations for physical activity in Antelope Valley.

E. Oral Health

Dental (oral) health is an essential part of complete overall health. Many residents of the KFH – Panorama City service area are low-income, as indicated by nearly 30% of the population receiving Medi-Cal coverage. The community stressed that dental health is very expensive and there is lack of dental coverage for adults. Residents also noted that there is a lack of timely access to specialists for dental health for the uninsured. Approximately 20% of residents have no health insurance, and of these, more than 45% of adults have no dental coverage. More adults in the service area report poorer dental health than the state, as evidenced by removal of six or more of their permanent teeth: 11.9% in Antelope Valley; 11.6% in Panorama City. Furthermore, approximately 35% of the adult population report not having any recent dental exam, compared to 30.5% in California. Among children, a higher percentage of youth, 19.6%, have not visited a dentist in a year in Antelope Valley compared to the state at 18.5%. Additionally, approximately 44.4% of adults in the service area have no dental insurance, higher than the state's 40.9%: 44.5% in Antelope Valley; 44.3% in Panorama City. Unsafe drinking water may increase the risk of poor oral health. Within this area, more individuals, (3.1% to 4.4%) than in the state (2.7%), are exposed to unsafe drinking water. Due to this, people may purchase more soda to drink as shown in their spending about 3.7% of their household expense on soda.

F. Broader Health Needs

Kaiser Foundation Hospitals, which includes 38 licensed hospital facilities as of 2016, has identified a number of significant needs in addition to those identified above through the CHNA process that we are committed to addressing as part of an integrated health care delivery system. These needs, which are manifest in each of the communities we serve, include 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce and 2) access to and availability of robust public health and clinical care data and research. Supporting a well-trained, culturally competent and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities. Individuals trained through these workforce training programs are able to seek employment with Kaiser Permanente entities or other health care providers in our communities. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating findings from it increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective healthcare and outcomes.

V. 2018 Year-End Results for KFH-Panorama City and Antelope Valley

A. 2018 Community Benefit Financial Resources Provided by KFH-Panorama City and Antelope Valley

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: KFH-Panorama City and Antelope Valley 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$26,176,643
Charity care: Medical Financial Assistance Program[2]	$6,915,210
Grants and donations for medical services[3]	$273,617
Subtotal	***$33,365,470***
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs[5]	$114,195
Grants and donations for community-based programs[6]	$529,103
Community Benefit administration and operations[7]	$586,918
Subtotal	***$1,230,216***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$89,153
Kaiser Permanente Educational Theatre	$496,983
Community Giving Campaign administrative expenses	$14,647
Grants and donations for the broader community[9]	$125,156
National board of directors fund	$26,459
Subtotal	***$752,398***
Health Research, Education, and Training	
Non-MD provider education and training programs[10]	$782,929
Grants and donations for health research, education, and training[11]	$79,946
Health research	$757,279
Subtotal	***$1,620,154***
Total Community Benefits Provided	**$36,968,238**

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.

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.

B. 2018 Examples of KFH-Panorama City and Antelope Valley 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-Panorama City 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 2019, Educational Theater provided 123 events in 27 schools in the KFH-Panorama City communities,

reaching 11,694 youth and 629 adults. In 2019, Educational Theater provided 38 events in 15 schools in the KFH-Antelope Valley communities, reaching 5,580 youth and 249 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	*During 2018, Kaiser Permanente paid 13 grants, totaling $345,981, addressing the priority health need in the KFH-Panorama City and Antelope Valley service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 5 grants, totaling $1,431,667 that address this need.*	**Providing Affordable Healthcare** In 2018, KFH-Panorama City and Antelope Valley provided $26,176,643 in medical care services to 48,083 (both health plan members and non-members) and $6,915,210 in medical financial assistance (MFA) for 9,160 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • 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
		<u>Increasing Access to Services in SPA 1 and 2</u> Los Angeles Family Housing is the largest affordable housing and supportive services provider in SPA 2. In 2018, Kaiser Permanente paid $10,000 to support LAFH's efforts to: • Facilitate access to care by referral and transportation for 100% of enrolled participants according to their assessed needs, with at least 1,500 participating in the VI-SPDAT needs assessment, working with a Housing Navigator to create an Individualized Housing Plan, connecting to supportive services, and moving into permanent homes. • To provide 500 participants with a face-to-face health care treatment appointment, initial exam, evaluation and enrollment in mainstream benefits and referral to receive specialized care as needed. • To conduct field-based medical support with the provision of diagnoses and initial care to program participants on the street and to engage approximately 25% of the 7,459 and 4,559 homeless residents in SPA 2 and SPA 1 through outreach and started on the path to improved health, permanent homes, and long-term stability.

Need	Summary of impact	Examples of most impactful efforts
		Increasing Access to Care via KP Assets: Our core functions across KP are using their assets to drive Access to Care in the KFH Panorama City service area. For example: • KFH-Panorama City continued its Board Placement Program to engage providers in serving on nonprofit organization or university boards of directors where they share best practices, expert knowledge, and provide governance support. In 2018, 6 senior leaders held Board positions at 2 FQHC's, 1 mental health provider, 1 community clinic poverty relief organization, 1 community collaborative organization, and 1 university focused on workforce development. The senior leaders shared clinical practice guidelines and led their Quality Improvement or strategic planning committees. • KFH-Panorama City partnered with Maclay Middle School in the San Fernando Valley and Gifford C Cole Middle School in the Antelope Valley to provide the Hippocrates Circle physician mentoring program to over 95 under-represented, diverse students. • KFH-Panorama City also provided the Medical Exploring 8-month health career exploration program to 89 underserved, diverse high school students from over 50 High Schools in the San Fernando and Antelope Valleys
Economic Security	*During 2018, Kaiser Permanente paid 8 grants, totaling $122,500, addressing the priority health need in the KFH-Panorama City and Antelope Valley service areas.*	**Building the Capacity of Small Businesses** Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016 KFH-Panorama City joined this initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned.

Need	Summary of impact	Examples of most impactful efforts
		Contracting Social Enterprises Social enterprises are competitive, revenue-generating businesses with a clear social mission to hire and provide training to people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises provide a real paying job and often provide wraparound services that help employees build skills and stabilize their lives. Kaiser Permanente supports these businesses by identifying and creating contractual relationships. Over two years (2017-2018), KFH-Panorama City contracted with the social enterprise Goodwill Industries for printing services.
		Building Safety Net Provider Capacity~* The Charles Drew University of Medicine & Science's program works to alleviate the financial burden of undergraduate and graduate education that can prevent low socio-economic students from completing their education. Recipients of these scholarships are required to work in the safety net for a period of 2 years following graduation. Over two years (2017-2018), Kaiser Permanente paid $666,667 to the university to: • Award eight students a total of $215,833 in scholarships. • Award 12 additional scholarships ranging from $3,750 to $14,833 to students in the programs of nursing, family nurse practitioner, physician assistant, or school of medicine.

Need	Summary of impact	Examples of most impactful efforts
		Developing Workforce Pipeline for the Safety Net~* The Community Clinic Association of Los Angeles County (CCALAC) aims to increase and develop the safety net health care workforce through a pipeline initiative. In 2018, Kaiser Permanente paid $250,000 to CCALAC to: • Implement at least two student exposure programs, training rotations and experiential learning opportunities within member clinics annually for up to 40 students. • Pilot a Nurse Practitioner Residency program that will provide 10 new graduates with a residency placement in five member clinics annually. • Develop an allied health training program to provide resources, trainings, and toolkits to strengthen clinic recruitment, onboarding, and retention efforts.
		Training Leaders in Service of Community Health~ The Los Angeles Albert Schweitzer Fellowship (ASF) program aims to reduce disparities in health and healthcare by developing "leaders in service" who are dedicated to helping underserved communities. ASF selects Fellows from diverse universities and disciplines (i.e. medicine, dentistry, pharmacy, occupational therapy, psychology, public health, law, social work, etc.) annually to participate in the yearlong service project and awards each Fellow with a stipend of $2,500. Over two years (2017-2018 fellowship class), Kaiser Permanente paid $90,000 to ASF to: • Recruit and train nine Fellows for the 2017-2018 fellowship class. • Support the 2017-2018 fellowship class to develop a plan of action and implement a community project to address local unmet health needs. • Review and prepare for the 2018-2019 fellowship class by selecting eight Fellows for year two.

Need	Summary of impact	Examples of most impactful efforts
		Increasing Latino Medical School Applicants in California~ The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid $25,000 to LPOC to: • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.
		Raising Awareness of the California Earned Income Tax Credit~ Golden State Opportunity (GSO) leads and supports efforts related to economic security such as job creation, community development, and distribution of benefits. In 2018, Kaiser Permanente paid $75,000 to GSO to: • Support GSO's efforts to expand its innovative California Earned Income Tax Credit (Cal EITC) outreach and education. • Inform 250,000 low-income workers on Cal EITC eligibility and benefits through digital advertising, peer-to-peer text messaging, and grassroots outreach. • Train 25 community partners on smart digital targeting, community messaging, and peer-to-peer text messaging to outreach and engage in the Cal EITC campaign.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	*During 2018, Kaiser Permanente paid 16 grants, totaling $368,626, addressing the priority health need in the KFH-Panorama City and Antelope Valley service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $80,000 that address this need.*	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.
		Improving Services for Human Trafficking Survivors~ The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
		Building Mental Health First Aid Skills in Service Providers* Mental Health America of Los Angeles (Antelope Valley) Mental Health First Aid project reduces mental health stigma by conducting trainings with 240 diverse providers serving the homeless populations. In 2018, Kaiser Permanente paid $40,000 to MHALA to: • Provide 24 Mental Health First Aid trainings addressing types and signs of mental illness and substance abuse disorders. • Train and certify up to 240 participants in Mental Health First Aid.

Need	Summary of impact	Examples of most impactful efforts
		Improving Maternal Mental Health in the Antelope Valley The Children's Center of Antelope Valley received funding on behalf of the LA County Department of Mental Health Antelope Valley Health Neighborhood which is a coalition of health and mental health providers; public health and substance use disorder treatment providers, along with a variety of social service and community support agencies who joined together to improve the health and wellness of the Antelope Valley. In 2018, Kaiser Permanente paid $15,000 to the Children's Center of Antelope Valley to create the Antelope Valley Maternal Mental Health Network to: • Conduct maternal health analysis in the AV consisting of identification and outreach to at least 10 agencies Provide training, outreach and awareness presentations to at least 40 trainees including medical and mental health providers • Provide training, outreach and awareness presentations to at least 5 non-clinical groups • Implement group intervention and create at least 4 community-based groups
Obesity / HEAL/ Diabetes	*During 2018, Kaiser Permanente paid 29 grants, totaling $1,518,451, addressing the priority health need in the KFH-Panorama City and Antelope Valley service areas. In addition, a portion of money managed by a donor advised fund at California Community*	**Improving Access to Nutritious Foods~*** California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, Kaiser Permanente paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

Need	Summary of impact	Examples of most impactful efforts
	Foundation was used to pay 6 grants, totaling $1,236,111 that address this need.	**Fighting Food Insecurity~** 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: • 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.
		Creating Healthier School Environments As part of Southern California Community Benefit's Thriving School Partnership Grants (TSPG) which focuses on improving healthy eating, physical activity, and school climate of K-12 schools including many policy, systems, and environment changes. Over two years (2017-2018), Kaiser Permanente paid $90,000 to the Palmdale School District to: • Develop and adopt district-wide healthy eating and active living (HEAL) strategies targeting students and staff including Smarter Lunchroom strategies at all 27 school sites. • Align School Wellness Policy with Local Control and Accountability Plan (LCAP). • Have four schools adopt and implement physical activity and healthy eating strategies targeting students, staff and teachers including brain breaks, healthy fundraisers, Active Recess program, and parent nutrition classes.

Need	Summary of impact	Examples of most impactful efforts
		Increasing Healthy Eating and Active Living Our core functions across KP are using their assets to drive Healthy Eating Active Living. For example: • In 2018, KFH-Panorama City hosted a weekly farmer's market that was open to the public providing access to largely locally-grown fruits and vegetables, accepting WIC and CalFresh electronic benefit transfers as well as educating the public on the benefits of healthy eating and active living. • As part of the Thriving Schools Initiative, a community based effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente's service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate, KFH-Panorama City Environmental Services and Facilities teams volunteered to clear land, trim trees, plant drought tolerant plants, lay down ground cover, and donate seating with shade to create a Staff Wellness Garden at San Fernando Middle School for over 40 school staff and several nurses and employees volunteered to help clear soil and put together planter boxes for a student teaching garden to be used for their horticulture program for over 760 students.
		Promoting Food Recovery and Redistribution 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 to recover 29,247.68 lbs of food and distribute to organizations serving individuals in the KFH-Panorama City region who face food insecurity.

Need	Summary of impact	Examples of most impactful efforts
Oral Health	*During 2018, Kaiser Permanente paid 5 grants, totaling $55,000, addressing the priority health need in the KFH-Panorama City and Antelope Valley service areas.*	**Improving Access to Oral Health** Kids Community Dental Clinic provides education, prevention, detection, early intervention and restoration of tooth decay in low income and homeless children in Panorama City, Santa Clarita Valley and Antelope Valley. In 2018, Kaiser Permanente paid $10,000 to Kids Community Dental Clinic to: • Provide education, free services, and access to dental care for 1,000 children • Provide oral health education to 6-20 case managers from various homeless outreach agencies to refer cases for dental care • Provide dental treatment to 20 new children patients establishing a dental home • Complete treatment (fillings, extractions, pulpotomy, etc.) for 80% of the new patients
		Improving Access to Oral Health San Fernando Community Health Center is a Federally Qualified Health Center in the San Fernando Valley providing primary care, pediatrics, ob/gyn, behavioral health, dental services, and health education for low income, underinsured and uninsured individuals and families. In 2018, Kaiser Permanente paid $10,000 to SFCHC to: • Provide dental services to 1400 unduplicated patients; 291 of these were children and 39 of these were homeless and temporarily residing in Harbor Recuperative Care Center. • Provide oral health education at 10 parent centers, schools and other CBO's as well as the adoption of an elementary school under LAUSD's L.A. Trust program, providing oral health screenings and fluoride treatments to approximately 300 students. • To expand dental service hours to include bi-monthly Saturday hours, internship opportunities for UCLA School of Dentistry for 2 dental interns four days/week thus providing 3960 patient visits in 2018.

Need	Summary of impact	Examples of most impactful efforts
		<u>Supporting Oral Health Programs and Policies</u> KFH – Panorama City participates and supports the Valley Care Community Consortium Oral Health Committee which leads a collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to increase access to oral health services for the residents of the San Fernando and Santa Clarita Valleys. Coalition accomplishments include: • Organizing a luncheon for 45 individuals representing more than 20 agencies/organizations with the CA Department of Public Health Dental Director to review the CA State Dental Plan and opportunities to partner. • Working with the LA County Department of Public Health Oral Health Program to conduct a survey of patients attending the Care Harbor event to better understand why they were seeking services there and connecting them to dental homes. • Helping bring together partners to organize dental and vision screening events • Helping organize a Southern CA Oral Health Summit bringing together over 190 partners from LA, Orange, Santa Barbara, San Bernardino, and San Diego counties to review and collaborate on the CA State Dental Plan. • Kaiser Permanente SCAL Oral Health leaders providing technical assistance and collaborating with the LA County Department of Public Health Oral Health Program.

Kaiser Foundation Hospital – Northern California Region

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

REDWOOD CITY

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

III. KFH-Redwood City Community Served

A. Kaiser Permanente's Definition of Community Served

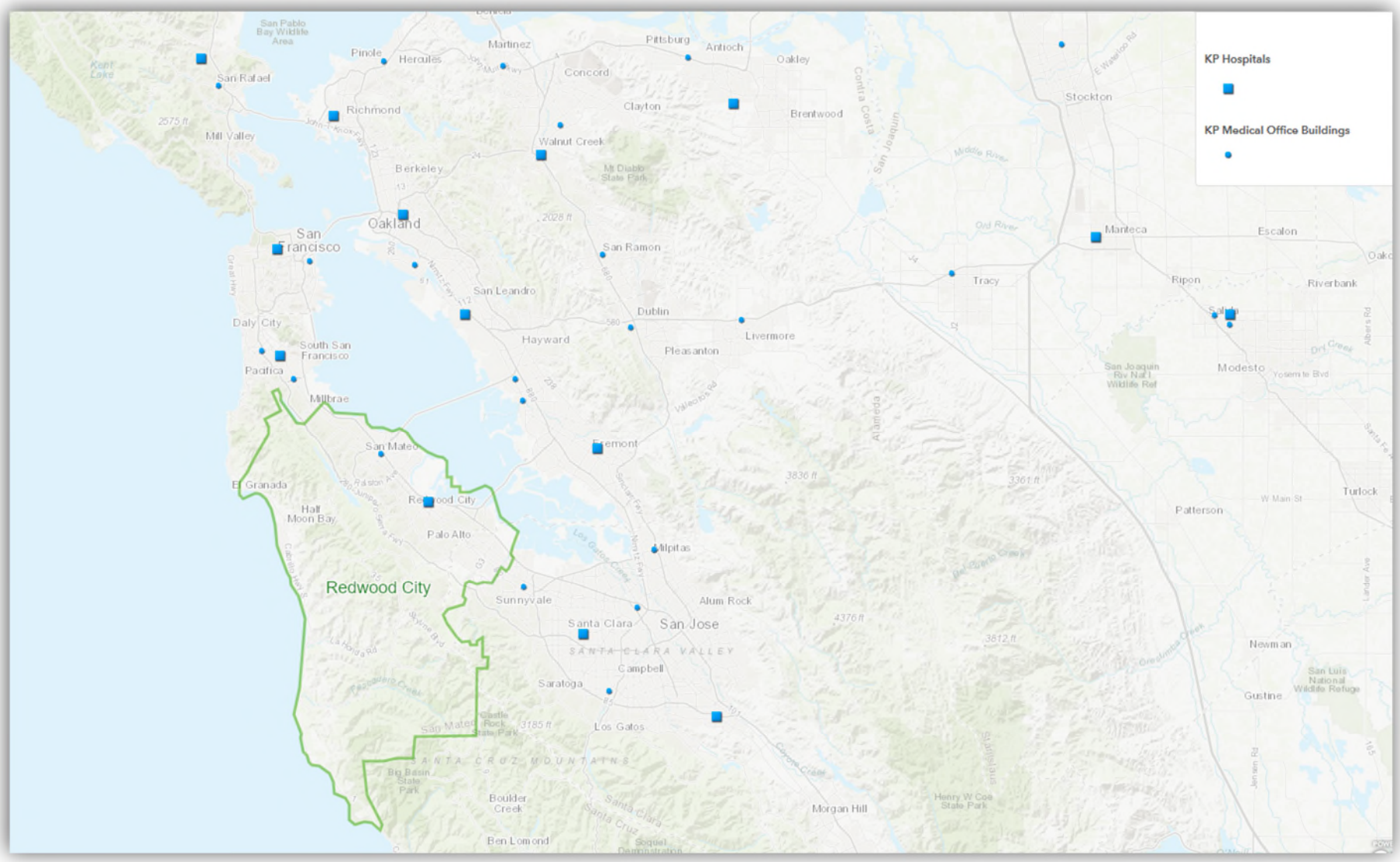
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Redwood City

Total Population	539,501
White	62.9%
Black/African American	2.4%
Asian	19.6%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	1.2%
Some Other Race	8.5%

Multiple Races	5.0%
Hispanic/Latino	22.6%
Total Living in Poverty (<100% FPL)	7.8%
Children Living in Poverty	9.5%
Unemployment Rate	2.2%
Uninsured Population	6.5%
Adults with No High School Diploma	9.7%

C. Map and Description of Community Served by KFH-Redwood City



The KFH-Redwood City service area covers the central, south, and coastside subarea portions of San Mateo County. Cities include but are not limited to San Mateo, Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park (some portions), North Fair Oaks, Pescadero, Redwood City, and San Carlos.

IV. Description of Community Health Needs Addressed by KFH-Redwood City

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

1. Mental Health and Wellness

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse were identified as separate needs in the CHNA, but 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 to 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 issues, depression and anxiety, and the impact of trauma affect 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.

2. Healthy Eating, Active Living

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. 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.

V. 2018 Year-End Results for KFH-Redwood City

A. 2018 Community Benefit Financial Resources Provided by KFH-Redwood City

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-Redwood City

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$8,840,409
Charity care: Medical Financial Assistance Program[b]	4,948,390
Grants and donations for medical services[c]	370,126
Subtotal	***$14,158,925***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$168,250
Grants and donations for community-based programs[e]	586,767
Community Benefit administration and operations[f]	205,785
Subtotal	***$960,802***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,332
Community Giving Campaign administrative expenses	15,445
Grants and donations for the broader community[h]	176,891
National board of directors fund	14,065
Subtotal	***$207,733***
Health Research, Education, and Training	
Graduate Medical Education	$124,125
Non-MD provider education and training programs[i]	789,878
Grants and donations for health research, education, and training[j]	32,143
Health research	549,365
Subtotal	***$1,495,510***
Total Community Benefits Provided	**$16,822,970**

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-Redwood City'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-Redwood City 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-Redwood City. 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 31 grants totaling $354,080.00 that addressed Access to Care in the KFH-Redwood City service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 4,373 Medi-Cal members and 140 Charitable Health Coverage (CHC) members. And 3,407 individuals received Medical Financial Assistance (MFA).
		Health Ambassadors: Peninsula Conflict Resolution Center was awarded a $25,000 grant to implement the Pacific Islander Health Ambassador Program, which works to reduce linguistic and cultural barriers to the health care system. The ambassadors helped help more than 700 community members overcome the obstacles that contribute to health care access disparities.
		Operation Access: Operation Access received a $350,000 grant (even 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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		211: United Way of the Bay Area received a $95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the 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 the 211 Bay Area website.
		PHASE: San Mateo Medical Center (SMMC) received a three-year $500,000 grant (even split with KFH-South San Francisco) to support the successful use of PHASE. Efforts include improving in-reach to better serve patients coming into the office and integrating data processes with clinical workflow to improve data capture. SMMC is reaching more than 7,000 patients through PHASE; 76% of its patients with diabetes and 74% of patients with hypertension have their blood pressure controlled.
Healthy Eating Active Living	In 2018, there were 31 grants totaling $415,795.25 that addressed Healthy Eating Active Living in the KFH-Redwood City service area.	**CalFresh**: Second Harvest Food Bank of Santa Clara and San Mateo Counties received a $95,000 grant (even split with three KFH hospital service areas) to create an incentive system that encourages its partner agencies to increase the number of CalFresh applicants by increasing referrals to the food bank. To date, the outreach team has submitted 468 applications, 293 applications were approved, and 24 partnering agencies have submitted 94 CalFresh applications.
		Parks: Canopy received a $75,000 grant to revitalize Bayshore Christian Ministries' underutilized empty field into a vibrant green space open to the public. Canopy plans to engage community members and students in the design of the space. A community tree planting is also planned. Once completed, thousands of East Palo Alto residents will have access to a revitalized space for recreation.
		Access: Boys and Girls Clubs of the Peninsula was awarded a $20,000 grant to increase access to healthy food, provide healthy cooking and gardening classes, and increase access to physical activity in schools and the community. Students participated in fitness activities, including sports leagues, dance, and family sports nights. Roughly 2,500 low-income K-12 students in East Palo Alto, Menlo Park, and North Fair Oaks participated in these programs.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		After school program: Fit Kids Foundation, Inc. was awarded a $10,000 grant to implement the Fit Kids strategy, which directly addresses the social and economic determinants of health. By providing three after-school programs at partner schools in Redwood City with everything needed to run structured physical activity programs, Fit Kids reached 150 K-5 students.
		Wellness program: Peninsula Family Service Agency's Fair Oaks Wellness Program is the only program in the area serving mostly low-income older adults who typically lack the resources and knowledge to engage in healthy living practices and thereby reduce their risk of poor health conditions. The agency received a $15,000 grant that implements programs for more than 350 seniors.
Mental Health & Wellness	In 2018, there were 21 grants totaling $284,644.47 that addressed Mental Health and Wellness in the KFH-Redwood City service area	**Stigma**: StarVista received a $90,000 grant (even split with KFH-South San Francisco) to reduce mental health stigma within the LGBTQ+ community through education, trainings, media, outreach, peer support and social events. StarVista expects to reach 1,100 providers, teachers, staff, and students. Expected outcomes include an increase in understanding about stigma and increase in access to services.
		Family violence: Community Overcoming Relationship Abuse (CORA) received a $15,0000 grant to provide family-centered mental health programs for survivors of intimate partner abuse and their children. The evidence-based programs provided individual and family therapy as well as support groups for 75 victims/families.
		Mental health services for homeless: LifeMoves received a $15,000 grant to address behavioral health needs among the homeless and to screen all clients for behavioral health issues and connect those needing services to a wide range of therapies, including individual psychotherapy, milieu therapy, group therapy, and more. As a result, 350 homeless clients received mental health services. New therapies for victims of domestic violence have also been added.
		Peer education: National Alliance on Mental Illness (NAMI) received a $20,000 grant to provide the Family-to-Family program, a 12-week course taught by the families of individuals living with a serious mental illness who are trained to teach other family members. The evidenced-based model emphasizes education, support, self-care, engagement, and problem solving. The program graduated 37 participants.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		School-based mental health services: Ravenswood Education Foundation received a $20,000 grant to provide Ravenswood Community School District with integrated school-based services for children struggling with mental health and learning disorders. The program supported six full-time school-based mental health counselors.

Kaiser Foundation Hospital – Northern California Region

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

RICHMOND

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

III. KFH-Richmond Community Served

A. Kaiser Permanente's Definition of Community Served

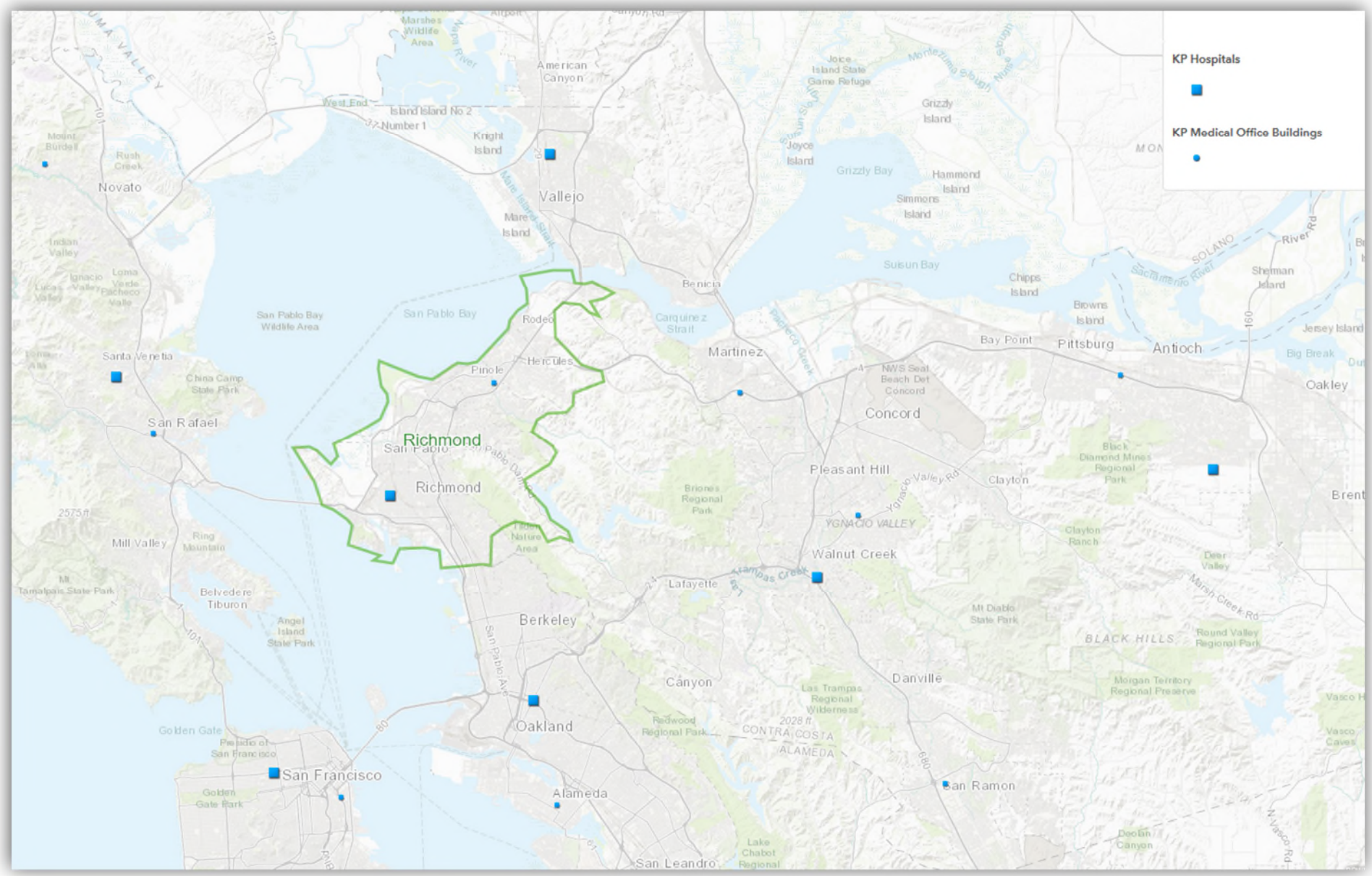
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	254,267
White	43.9%
Black/African American	15.9%
Asian	20.3%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.4%
Some Other Race	12.5%

Multiple Races	6.7%
Hispanic/Latino	35.2%
Total Living in Poverty (<100% FPL)	14.0%
Children Living in Poverty	19.7%
Unemployment Rate	3.1%
Uninsured Population	12.9%
Adults with No High School Diploma	18.2%

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



The KFH-Richmond service area includes Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo.

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

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

1. Behavioral Health

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse were identified as separate needs in the CHNA, but 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 to 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 issues, depression and anxiety, and the impact of trauma affect 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.

2. Community and Family Safety

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. Children exposed to family and community violence are more likely to develop chronic illness as adults. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's *World Report on Violence and Health*. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling

unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

3. 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.

4. Obesity, Diabetes, Healthy Eating, Active Living (Renamed “Healthy Eating, Active Living”)

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.

V. 2018 Year-End Results for KFH-Richmond

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

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-Richmond

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$27,696,444
Charity care: Medical Financial Assistance Program[b]	4,830,871
Grants and donations for medical services[c]	401,668
Subtotal	***$32,928,983***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$34,964
Grants and donations for community-based programs[e]	1,539,223
Community Benefit administration and operations[f]	195,905
Subtotal	***$1,770,092***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,268
Community Giving Campaign administrative expenses	14,703
Grants and donations for the broader community[h]	122,053
National board of directors fund	13,390
Subtotal	***$151,414***
Health Research, Education, and Training	
Graduate Medical Education	$0
Non-MD provider education and training programs[i]	444,357
Grants and donations for health research, education, and training[j]	32,143
Health research	522,990
Subtotal	***$999,490***
Total Community Benefits Provided	**$35,849,979**

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-Richmond'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-Richmond 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-Richmond. 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 40 grants totaling $417,584.67 that addressed Access to Care in the KFH-Richmond service area	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 10,282 Medi-Cal members and 204 Charitable Health Coverage (CHC) members. And 4,076 individuals received Medical Financial Assistance (MFA).
		Operation Access: Operation Access received a $350,000 grant (even 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.
		211: Contra Costa Crisis Center (CCCC) received a $50,000 grant (even split with three KFH hospital service areas) grant 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 partnership with other organizations, CCCC expects to increase the number of incoming calls and texts, reaching at least 34,000 individuals.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Wellness: KFH-Richmond awarded a $40,000 grant to Rubicon Programs' Coaching for Behavioral Change program to support participants' ability to connect to wellness services. Thus far, Coaching for Behavioral Change has developed personal wellness plans for 61 participants, and 59 participants have accessed wellness workshops designed to reduce the stigma of behavioral health issues and increase knowledge of how to access health care services.
Healthy Eating Active Living	In 2018, there were 28 grants totaling $350,761.90 that addressed Healthy Eating Active Living in the KFH-Richmond service area	**Physical activity program**: KFH-Richmond awarded $20,000 to YES Nature to Neighborhood's A Culture of Health: Active Living for Richmond Youth, a program that aims to increase physical activity and promote a culture of active living. YES will serve 270 youth with at least 35 hours of physical activity during weeklong summer camps. And throughout the year, 50 youth will engage in 11 to 20 hours of physical activity each month.
		Farmers' market: KFH-Richmond awarded a $30,000 grant to Fresh Approach's Freshest Cargo mobile farmers' market program in Richmond and San Pablo. The Freshest Cargo mobile farmers' market and Market Match nutrition incentive programs will help increase residents' access to and consumption of fresh fruits and vegetables. The program has reached 1,222 unique individuals, 432 of whom received a 50% discount. The mobile farmers market distributed $19,850 worth of free produce to shoppers who receive federal benefits.
		CalFresh: Food Bank of Contra Costa and Solano received a $95,000 grant (even split with five KFH hospital service areas) to increase CalFresh enrollment with a focus on Medi-Cal recipients, WIC clients, Latinos, seniors, and families with children in low-income school districts. To date, the Food Bank has screened 194 individuals for CalFresh eligibility and submitted 133 applications. Of those, 47 were approved.
Mental Health & Wellness	In 2018, there were 30 grants totaling $726,547.90 that addressed Behavioral Health in the KFH-Richmond service area.	**Clinical training program**: KFH-Richmond awarded $29,580 grant (even split with KFH-Oakland) to Partnerships for Trauma Recovery, a project that supports training for three clinical psychology doctoral students in the Global Healing and Human Rights clinical training program. Trainees have participated in 98 clinical training hours and have seen 28 individual direct clients (84 indirect clients).

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Access: KFH-Richmond awarded $30,000 to Brighter Beginnings' Integrating and Increasing Access to Behavioral Health program, which increases access to behavioral health services for low-income patients by integrating behavioral health services into the primary care setting. The program has conducted 1,319 behavioral health screenings and 344 patients have accessed behavioral services via a warm handoff by a primary provider.
		School-based health center: KFH-Richmond awarded $30,000 to California School-Based Alliance to support mental health services at West Contra Costa school-based health centers (SBHCs). Ten high school SBHCs have planned behavioral health outreach events expected to reach 6,500 students, 90 youth health workers have been recruited and begun training to promote mental health resources to peers, and 30 SBHC coordinators and staff have received training to improve coordination of services.
		Stigma: Lifelong Medical Care received a $90,000 grant to reduce mental health stigma and increase understanding of mental health and wellness among underserved populations. Bilingual and bicultural community health workers will be incorporated as part of a care team to develop relationships, and support and educate family members. They expect to reach 500 individuals
		Resilience: James Moorhouse Project received a $98,000 grant to partner with El Cerrito High School to implement an integrated multi-disciplinary program to address the diverse needs of youth, including providing mental health services and youth development programs and developing school-wide efforts to create a more supportive school community. To date, 177 students have participated in individual counseling and 137 students have participated in a therapeutic group.
Community and Family Safety	In 2018, there were 15 grants totaling $354,839.67 that addressed Behavioral Health in the KFH-Richmond service area.	**Job training**: KFH-Richmond awarded $30,000 (even split with KFH-Oakland) to The Bread Project, which equips hard to employ residents with culinary training. The project's Bakery Bootcamp will provide commercial baking training and professional development to foster stronger communities. The program intends to reach 100 residents. To date, 22 new participates have enrolled in the program, 95% have graduated, and 85% are expected to get employment placement.

Kaiser Foundation Hospital – Southern California Region

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

RIVERSIDE

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

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III. KFH-Riverside Community Served

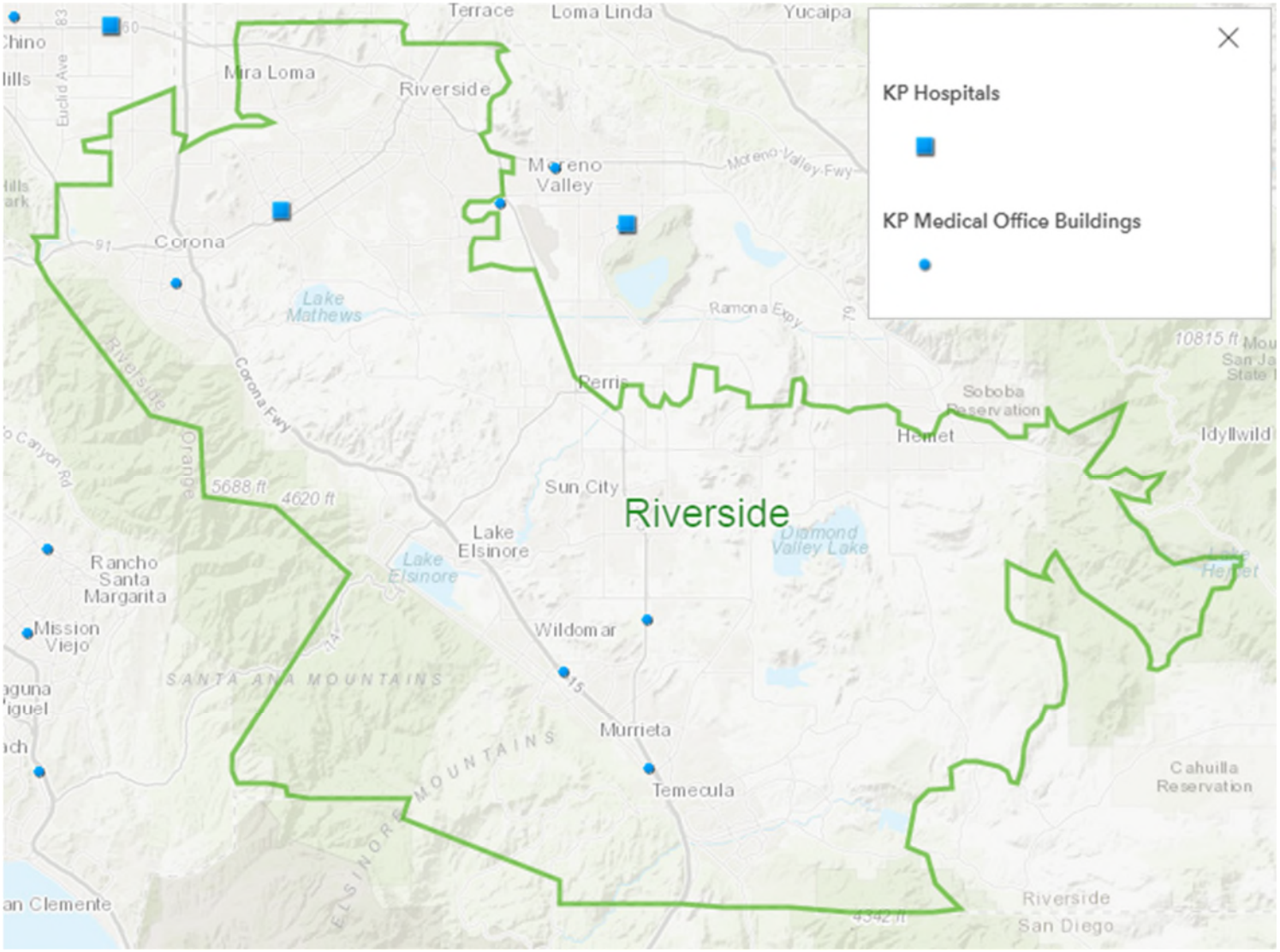
A. Kaiser Permanente's Definition of Community Served

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-Riverside service area includes Corona, Eastvale, Hemet, Jurupa Valley, Lake Elsinore, Menifee, Murrieta, Norco, Quail Valley, Riverside, Romoland, Temecula, Wildomar, and Winchester.

KFH-Riverside Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Riverside 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	1,401,966	Living in Poverty (<100% Federal Poverty Level)	14.43%
Asian	7.30%	Children in Poverty	18.91%
Black	5.17%	Unemployment	4.3%
Hispanic/Latino	43.60%	Uninsured Population	13.38%
Native American/Alaska Native	0.39%	Adults with No High School Diploma	17.50%
Pacific Islander/Native Hawaiian	0.28%		
Some Other Race	0.18%		
Multiple Races	3.10%		
White	39.98%		

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

The following are the health needs that KFH-Riverside 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

The ability to access medical care is a wide-reaching construct that includes aspects such as the presence of health insurance, the affordability of seeking treatment, the availability of health care providers who can provide treatment, the ability to get to places where treatment is provided, and other issues around accessibility. Many people in the KFH-Riverside service area still lack health insurance (18% are uninsured), and those that have it are often unclear on how to navigate the health care system and how to use it. Even those with health insurance who know how to get care can struggle to receive the care they need due to a shortage of providers; the local ratio of primary care providers to patient population is nearly half the state average (40.2 providers per 100,000 population, versus the state average of 77.2 per 100,000). This health need was selected because of its high priority ranking and KFH-Riverside's wealth of existing resources and connections to address this issue.

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.) Suicide is the 10th leading cause of death in America. Suicide mortality rates in the Riverside service area are on par with national rates (nearly 10 per 100,000 population). Mental health issues are closely related to other issues such as substance use and abuse and smoking. There is a serious lack of mental health care providers; there are about 68.4 providers per 100,000 people in the KFH-Riverside service area (compared to the state average of 157 per 100,000). KFH-Riverside has a history of collaboration between existing resources and connections to address this need.

C. Obesity/HEAL/Diabetes

Excess weight is a major problem in the U.S. Being overweight, or, at a more extreme level, obese, can cause many health issues and exacerbate many existing conditions. Obesity is caused, in part, by an imbalance of energy output to energy intake; that is, eating too much or eating unhealthy food, while not obtaining enough exercise. Diabetes is the 7th leading cause of death in America. 95% of people with diabetes have type 2 diabetes, which is highly associated with obesity/overweight. Over 60% of local adults are overweight or obese. Obesity is a risk factor for many of the other health issues that were identified (e.g., cardiovascular disease, cancer, diabetes, etc.), and thus, is a good place to start to reduce those issues as well. KFH-Riverside will strive to

encourage healthy eating and active living in order to reduce the number of people who are overweight or obese or are at risk of having diabetes. KFH-Riverside will continue to collaborate with existing resources and connections to address this need.

V. 2018 Year-End Results for KFH-Riverside

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

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: KFH-Riverside 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$20,096,563
Charity care: Medical Financial Assistance Program[2]	$7,847,957
Grants and donations for medical services[3]	$131,559
Subtotal	***$28,076,079***
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs[5]	$57,696
Grants and donations for community-based programs[6]	$476,516
Community Benefit administration and operations[7]	$561,304
Subtotal	***$1,095,516***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$80,963
Kaiser Permanente Educational Theatre	$441,419
Community Giving Campaign administrative expenses	$13,301
Grants and donations for the broader community[9]	$102,762
National board of directors fund	$24,028
Subtotal	***$662,473***
Health Research, Education, and Training	
Graduate Medical Education	$3,558,854
Non-MD provider education and training programs[10]	$561,988
Grants and donations for health research, education, and training[11]	$58,980
Health research	$687,714
Subtotal	***$4,867,536***
Total Community Benefits Provided	**$34,701,604**

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-Riverside 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-Riverside 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-Riverside. 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-Riverside 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 143 events in 35 schools in the KFH-Riverside communities, reaching 15,991 youth and 655 adults.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Access to Care	During 2017 and 2018, Kaiser Permanente paid 16 grants, totaling $1,262,667 addressing the priority health need in the KFH-Riverside service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 6 grants, totaling $941,667 that address this need.	**Providing Affordable Healthcare** In 2018, KFH-Riverside provided $20,096,563 in medical care services to 34,389 Medi-Cal recipients (both health plan members and non-members) and $7,847,957 in medical financial assistance (MFA) for 8,138 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • 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	Top 3-5 Examples of most impactful efforts
		Integrating Health Care Riverside Free Clinic provides primary care, oral health and mental health for the uninsured, working poor, and homeless through aspiring physicians, dentists, and mental health professionals. In 2018, Kaiser Permanente paid $10,000 to Riverside Free Clinic to: • Coordinate medical, dental, and mental health services to 300 patients. • Identify social service needs and provide resources. • Provide opportunities for student interns to develop patient care skills, health education teaching and gain practical clinical experiences.
		Increasing Access to Care via KP Asset Our core functions across KP are using their assets to drive Access to Care in the KFH-Riverside service area. For example: • Expertise: Eighteen Family Medicine Residents at KFH-Riverside provided clinical support at two local community clinics. They also supported our Thriving Schools by presenting at 11 school educational events on healthy eating, active living and diabetes prevention and career day events.
Mental and Behavioral Health	During 2017 and 2018, Kaiser Permanente paid 24 grants, totaling $1,064,541 addressing the priority health need in the KFH-Riverside service area.	**Strengthening Mental Health Policies and Practices in Schools**~ 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: • 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.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		Supporting Social and Emotional Wellness in Schools Kaiser Permanente Thriving Schools initiative supports and strengthen strategies that promote the social and emotional wellness among students, teachers, and staff. Over two years (2017-2018), Kaiser Permanente paid Jurupa Unified School District $90,000 to: • Train staff at Ina Arbuckle Elementary school on the Strengthening Families framework and the 5 protective factors, as well as the centralized referral process and supports available to students, families, and school communities. • Train staff at Jurupa Valley High on trauma informed care. • Place 21 master level interns at the school district to provide social emotional wellness support. This resulted in over 500 mental health referrals, a 100% increase from the previous school year.
		Expanding Behavioral Health Consultations North County Health Services provides behavioral health consultation along with medical and dental care services to underserved individuals at the Perris Health Center. In 2018, Kaiser Permanente paid $25,000 to North County Health Services to: • Provide behavioral health services to 700 patients. • Increase access to behavioral health services through a same-day direct warm hand off referral from a primary care provider. • Improve operational process to screen and identify behavioral health conditions, including substance abuse.
		Advancing Trauma Informed Care Delivery KFH-Riverside's Community Health Manager has participated in the Riverside Resilience Initiative, a collaborative which began in 2016. The collaborative has hosted educational training webinars, town hall meetings, and learning workshops. Community leaders formed two workgroups to work on: • Strategies around innovative approaches to collecting ACEs data • Activate policy and practice change to advance trauma informed care delivery

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		Supporting Mental and Behavioral Health via KP Assets Our core functions across KP are using their assets to drive Mental & Behavioral Health. For example: • Facilities: KFH-Riverside conference room space was made available to the National Alliance for Mental Illness (NAMI) who provide the 10-week series Family to Family and Peer to Peer sessions at no cost to the community. During 2017-18, a total of 623 individuals participated in the weekly series.
Obesity/ Diabetes	During 2017 and 2018, Kaiser Permanente paid 14 grants, totaling $884,000 addressing the priority health need in the KFH-Riverside service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 18 grants, totaling $2,981,380 that address this need.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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	Top 3-5 Examples of most impactful efforts
		Supporting Healthy Eating and Active Living* The Riverside Community Health Foundation HEAL Zone site focuses on school and community strategies that address healthy eating and physical activity opportunities through policy, environmental, and system (PSE) changes. In 2018, Kaiser Permanente paid $333,333 to the Riverside Community Health Foundation to: • Use HEAL Rx (in EMR) and provide or refer patients to additional support and education. They also give patients food vouchers that can be redeemed at local markets/stands. • Conduct four 8-week diabetes management workshops at one clinic. • Train 13 people from four churches on Body & Soul Framework. • Assist resident efforts to pave an alleyway, add safety features at one intersection, paint a mural at Eastside Health Center, and complete the Eastside Art Corridor Safe Routes Survey.
		Fighting Food Insecurity~ 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: • 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.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		Increasing Access to Healthy Local Foods KFH-Riverside's Community Health Manager serves on the Riverside Food Systems Alliance Advisory Committee. Accomplishments in 2017-2018 includes: • NextGen Farmer training program • Riverside Food Rescue and Waste Ambassador Program • partnership with the Farmworker Institute of Education and Leadership Development (FIELD) to expand their charter school in the Eastside Riverside neighborhood These projects aim to create a food system that makes healthy local foods available for all, especially the most under-resourced in our region.
		Preventing Obesity and Diabetes Our core functions across KP are using their assets to drive the prevention of Obesity and Diabetes. For example: • Facilities: The partnership with 100 Mile Club and KHF-Riverside continues to reach local students and families using the Thrive Path to walk or run. The monthly meet-ups reach over 100 participants from 7 area school districts and private schools. In 2017-2018 an estimated 2,300 walkers have benefited from this safe environment to be physically active. • Facilities: The community garden club at Murrieta Medical Office Building has been a year-round project for staff and community members. In collaboration with UC Cooperative Extension's Master Gardener Program, volunteer sessions are educational including tips for planting, harvesting, and soil management including healthy eating demonstrations.
		Practicing Food Recovery and Redistribution Kaiser Permanente envisions food services 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 to recover 20,214 lbs. of food and distribute to organizations serving individuals in the KFH-Riverside region who face food insecurity.

Kaiser Foundation Hospital – Northern California Region

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

ROSEVILLE

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®
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III. KFH-Roseville Community Served

A. Kaiser Permanente's Definition of Community Served

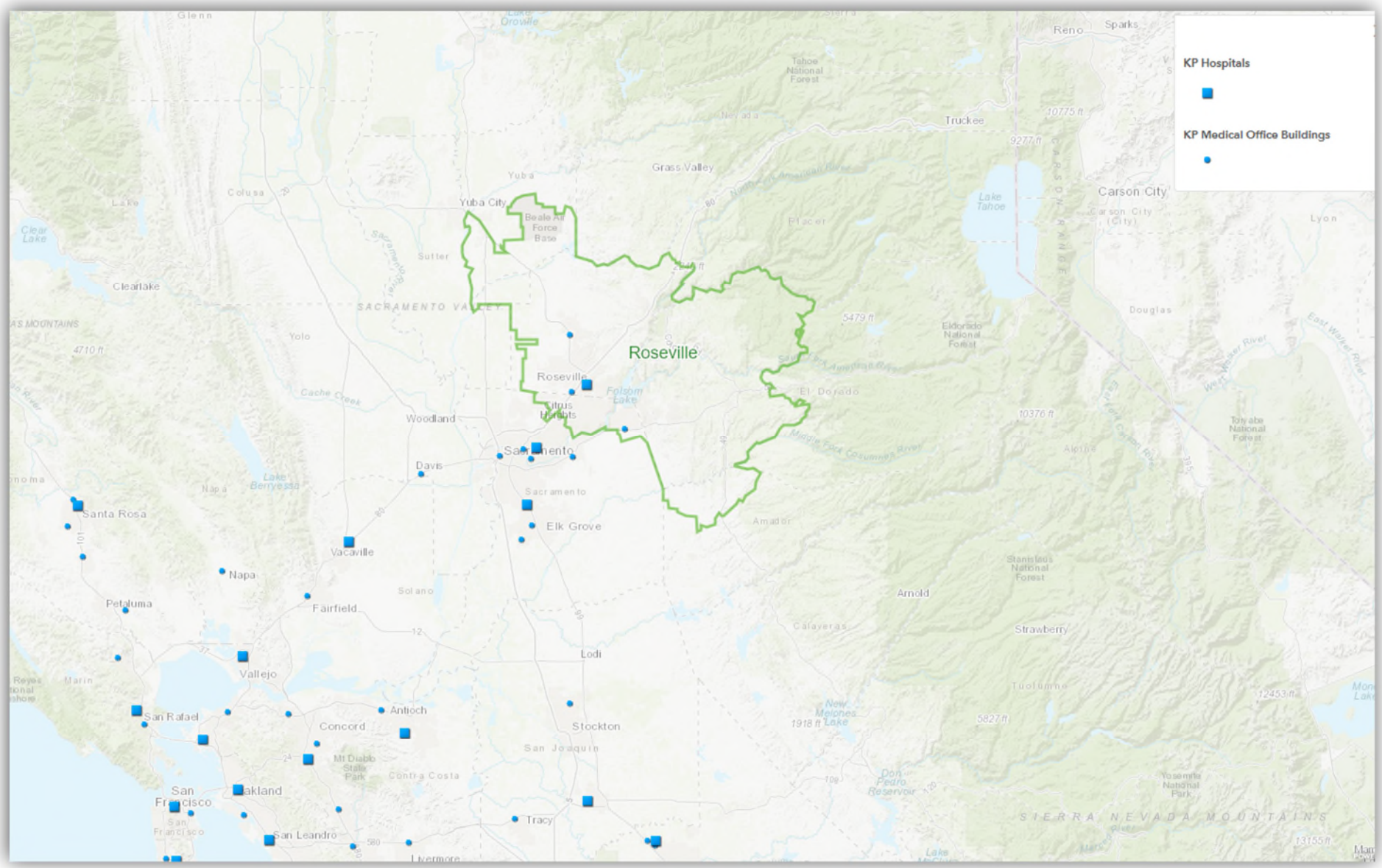
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	827,023
White	80.4%
Black/African American	2.6%
Asian	7.1%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	3.6%

Multiple Races	5.3%
Hispanic/Latino	14.3%
Total Living in Poverty (<100% FPL)	10.4%
Children Living in Poverty	12.9%
Unemployment Rate	3.5%
Uninsured Population	8.1%
Adults with No High School Diploma	7.6%

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



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in the Sacramento Valley.

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

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

1. Access to Care

The health need Access to High-Quality Health Care and Services was renamed Access to Care for the IS. Access to high-quality, affordable health care and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Essential components of access to care include health insurance coverage, access to a primary care physician and clinical preventive services, timely access to and administration of health services, and a robust health care workforce. Culturally and linguistically appropriate health services are necessary to decrease disparities for diverse populations, including racial and ethnic minorities, LBGTQ populations, and older adults.

Access to care is a significant health need in the KFH Roseville service area. Nine of 32 indicators (28%) pertaining to access to care perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. A higher percentage of Blacks and Hispanic/Latinos lack of a consistent source of primary care and a higher percentage of Blacks, Hispanic/Latinos, and Native Hawaiian/Pacific Islanders lack health insurance coverage compared to other racial/ethnic groups and the service area as a whole. Input from service providers and community members indicate that access to primary care services and specialty care providers is a challenge, particularly for patients with Medi-Cal coverage.

While Access to Care was ranked sixth during the CHNA prioritization process, it strongly met the other criteria used in the IS selection process. Kaiser Permanente has many internal assets, resources, and expertise to address access to care.

2. Healthy Eating, Active Living

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health. A healthful diet and regular physical activity help individuals maintain a healthy weight and reduce the risk for many health conditions, including obesity, type 2 diabetes, heart disease, osteoporosis, and some cancers. Access to and availability of healthier foods can help people follow healthful diets and may also have an impact on weight. Access to recreational opportunities and a physical environment conducive to exercise can encourage physical activity that improves health and quality of life.

HEAL is a significant health need in the KFH Roseville service area, with 17 of 30 indicators (57%) performing poorly compared to state benchmarks or demonstrating racial/ethnic disparities related to HEAL. The rate of obesity among adults is slightly higher as compared to the state, and there are higher rates of overweight and obesity for Black and Hispanic/Latino youth compared to other racial/ethnic groups and the overall rate for the service area. A higher percentage of residents in the KFH Roseville service area live in areas designated as

food deserts as compared to the state, making it difficult to access healthy food. Input from service providers and community members indicate that there is a need for affordable and accessible options for healthy eating and active living.

Healthy eating active living strongly met nearly all the criteria used in the IS selection process.

3. Behavioral Health

The health need, Access to Behavioral Health Services was renamed Behavioral Health for the IS. Behavioral health encompasses both mental health and substance abuse.

Mental health and well-being are essential to living a meaningful and productive life. The burden of mental illness in the United States is among the highest of all diseases, and people with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse and suicide. Mental health and well-being provide people with the skills necessary to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Substance abuse is linked with community violence and mental health issues. Access to treatment for substance abuse and co-occurring disorders will improve the health, safety, and quality of life for individuals with substance use disorders as well as their children and families.

Behavioral health is a significant health need in the KFH Roseville service area. Ten of 13 indicators (77%) pertaining to mental health and eight of 12 indicators (67%) pertaining to substance abuse compare unfavorably to state benchmarks or demonstrate racial/ethnic disparities in health status. There is a high suicide rate, lack of mental health providers, high rates of emergency department visits for mental health conditions and self-inflicted injury, and high hospitalization rates for mental health conditions. In addition, compared to the state, there is a high percentage of alcohol consumption and expenditures, high rates of tobacco usage for teens and adults, and high emergency department and hospitalization rates for substance abuse and chronic obstructive pulmonary disease in the KFH Roseville service area. Input from service providers and community members indicate that the need for behavioral health services far outweighs the resources currently available in the service area.

Behavioral Health was the number one prioritized health need in the CHNA. With the exception of KP expertise, behavioral health strongly met all the criteria used in the IS selection process.

4. Community and Family Safety

The health need, Safe, Crime and Violence-Free Communities was renamed Community and Family Safety for the IS. Community and family safety contributes to overall health and well-being. Injuries and violence contribute to premature death, disability, poor mental health, high medical costs, and loss of productivity. Individual behaviors such as substance use and aspects of the social environment such as peer group associations can affect the risk of injury and violence. The physical environment may also affect the rate of injuries related to falls, motor vehicle accidents, and violent crime. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

Community and family safety is a significant health need in the KFH Roseville service area. Fifteen of 26 indicators (58%) pertaining to violence and safety perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. The service area crime statistics for major crimes (violence crimes, property crimes, and arson) and domestic violence are elevated compared to the state. In addition, there is a high percentage of alcohol consumption and expenditures, a high rate of school suspensions for youth, and high emergency department and hospitalization rates for substance abuse compared to the state. Input from service providers and community members indicate that substance abuse is a major contributor to violence and lack of real and perceived safety in neighborhoods.

Community and Family Safety strongly met nearly all the criteria used in the IS selection process.

V. 2018 Year-End Results for KFH-Roseville

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

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-Roseville

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$32,618,877
Charity care: Medical Financial Assistance Program[b]	13,478,049
Grants and donations for medical services[c]	469,575
Subtotal	***$46,566,500***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$64,196
Grants and donations for community-based programs[e]	669,230
Community Benefit administration and operations[f]	510,420
Subtotal	***$1,243,847***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$3,304
Community Giving Campaign administrative expenses	38,308
Grants and donations for the broader community[h]	70,520
National board of directors fund	34,887
Subtotal	***$147,020***
Health Research, Education, and Training	
Graduate Medical Education	$1,042,407
Non-MD provider education and training programs[i]	552,055
Grants and donations for health research, education, and training[j]	32,143
Health research	1,362,621
Subtotal	***$2,989,225***
Total Community Benefits Provided	**$50,946,592**

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-Roseville'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-Roseville 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-Roseville. 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 49 grants totaling $381,733.97 that addressed Access to Care in the KFH-Roseville service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 23,790 Medi-Cal members and 575 Charitable Health Coverage (CHC) members. And 10,424 individuals received Medical Financial Assistance (MFA).
		Access to primary and specialty care: Latino Leadership Council's Creer En Tu Salud (Believe in your Health) project received $80,000 (even split with KFH-Sacramento) to provide access to health, mental health, dental, and vision services to 533 people from unserved and underserved adult Latino populations in Placer and Sacramento counties. Of these, 215 got flu shots and 338 received connections for primary care (117), mental health (37), dental (35), vision (26), and insurance (78) services. Health promotoras teach patients how to make appointments and prepare them to ask questions, take notes, and comply with medical orders to improve their health.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		PHASE: Chapa-De Indian Health Program, Inc. (CDIHP) received a three-year $150,000 grant (even split with KFH-Sacramento) to support the successful use of PHASE in clinic sites. Strategies include building a robust system for alternative visits (nurse and pharmacist) to help increase patient access and integrating the diabetes and primary care teams. CDIHP is reaching just over 2,000 patients through PHASE; 74% of its patients with diabetes and 76% of those with hypertension have their blood pressure controlled
		211: Yolo County Health Department received a $50,000 grant (even split with four KFH hospital service areas) to support 211's efforts to connect community members with county services, and community-based resources and information through a 24-hour call center, web lookup, and text alerts. To date, 211 has received 2,432 calls, most related to emergency shelter and housing assistance. Callers were connected to resources and 546 direct referrals were made to service providers across the region.
		Community clinic: St. Vincent de Paul Society's free urgent care community clinic was awarded $30,000 to provide medical evaluation and prescription medications for urgent medical problems for uninsured and low-income Roseville residents, including the homeless and undocumented immigrants. Care is provided at The Gathering Inn and the St. Vincent de Paul Society office; 434 patients received care and health-care providers issued 161 prescription medications.
Healthy Eating Active Living	In 2018, there were 23 grants totaling $298,713.95 that addressed Healthy Eating Active Living in the KFH-Roseville service area.	**CalFresh**: Placer Food Bank received a $95,000 grant to strengthen its CalFresh program infrastructure and provide targeted outreach to enroll immigrants, seniors, college students, and low-income families in CalFresh. To date, the CalFresh outreach team has prescreened 206 individuals, and assisted 37 seniors, families, college students, rural residents, and immigrant families complete applications. Approval rating is at 65%.
		Parks: Health Education Council received a $75,000 grant to create the vision for Weber Park that was developed by residents engaged in the Invest Health Roseville Initiative. Residents had conversations with the city about how to prioritize resources and park improvements linked to improving social connection, engagement, health, and economic outcomes. The City of Roseville hosted a neighborhood 'reimagination day' that attracted 200 residents to the park and provided an opportunity to obtain input about classroom and outdoor learning space renovations.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		After school program: City of Folsom Parks & Recreation was awarded $10,000 for Folsom STARS, its partnership with Folsom Cordova Unified School District that provides a safe, secure community-based after-school program for 55 vulnerable, at-risk students at Theodore Judah and Blanche Sprentz elementary schools. Folsom STARS is a place where children can develop and connect through relationships, focus on academics and life skills, and increase their health, fitness, and family resilience.
		Nutrition education and physical activity program: Folsom Cordova Unified School District received $30,000 (even split with KFH-Sacramento) for Growing Together, a program that promotes healthy eating and active living among students and their families. This collaboration with Soil Born Farms allowed 206 students from six schools to explore local sources of nutritious food, learn healthy menu planning, and build a commitment to healthy eating at school and beyond. And through the Family Summer Academy, 120 students, 33 counselors in training, and 118 adults learned where food comes from and how to prepare nutritious meals. In addition, 3,372 students from nine schools participated in mileage walking clubs, recording more than 20,000 miles districtwide.
Mental Health & Wellness	In 2018, there were 21 grants totaling $259,517.04 that addressed Mental and Behavioral Health in the KFH-Roseville service area.	**Mental health support**: Lighthouse Counseling & Family Resource Center was awarded $25,000 for its Family Wellness Initiative, which helped more than 3,000 people in Placer County establish self-sufficiency and positive health outcomes through an inclusive approach utilizing case management, evidence-based counseling, therapeutic support groups, education, and in-home visitations at no cost. Of the 136 clients who received therapy, 85% reported positive results. And of the 138 clients who received educational classes and/or therapeutic group support, 90% reported significant positive results. Lighthouse also assists in obtaining vital community resources when it’s not able to provide clients with direct services.
		Stigma: Health Education Council received a $90,000 grant to work with 1,300 students, parents, and staff from five Roseville schools to stimulate discussions about mental health stigma and increase coordination and collaboration between agencies working on mental health issues. The project intends to increase understanding about mental health, its associated stigma and its connection with overall health.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Mental health services for homeless: The Gathering Inn (TGI) received a $40,000 grant for an onsite mental health clinician (MHC) who works eight hours/week with a caseload of at least 10 homeless guests. Transportation challenges and TGI's high case manager to guest ratio makes travel to community-based mental health appointments difficult, so having an onsite MHC addresses access issues, provides consistency in therapeutic relationships, and leads to better treatment outcomes. During the reporting period, the MHC provided 556 hours of clinical time, averaged more than 100 client encounters quarterly, and interacted with 205 guests. Nearly 40% of TGI guests self-report mental health issues, so having an onsite MHC is invaluable to maintaining treatment and counseling protocols. The MHC has treated mental health issues (e.g., PTSD, depression, anxiety, bipolar disorder, and postpartum depression) and assisted with medical issues (e.g., burns, cuts, bronchitis, and allergies).
Community & Family Safety	In 2018, there were 14 grants totaling $118,617.00 that address Community and Family Safety in the KFH-Roseville service area.	**Sexual violence**: Stand Up Placer was awarded $25,000 for its Victims' Services Program, which helps survivors of domestic/sexual violence and human trafficking and their children address their trauma and begin the healing process. The program serves clients in Roseville and Auburn. It provides access to the social services safety net, assists clients in obtaining legal remedies to their situations, and helps them reduce the risk of future violence in their lives. During the last year, 1,285 victims received services through the program. Because of the MeToo movement and increased publicity around sexual assault, the number of sexual assault victims seeking assistance skyrocketed. In all, 494 clients received 1,689 legal advocacy services, including court accompaniments; 163 clients received assistance with protection and custody order services; 54 clients received 75 custody order services; and 131 clients sought help with 161 protective order services.

Kaiser Foundation Hospital – Northern California Region

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

SACRAMENTO

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

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III. KFH-Sacramento Community Served

A. Kaiser Permanente's Definition of Community Served

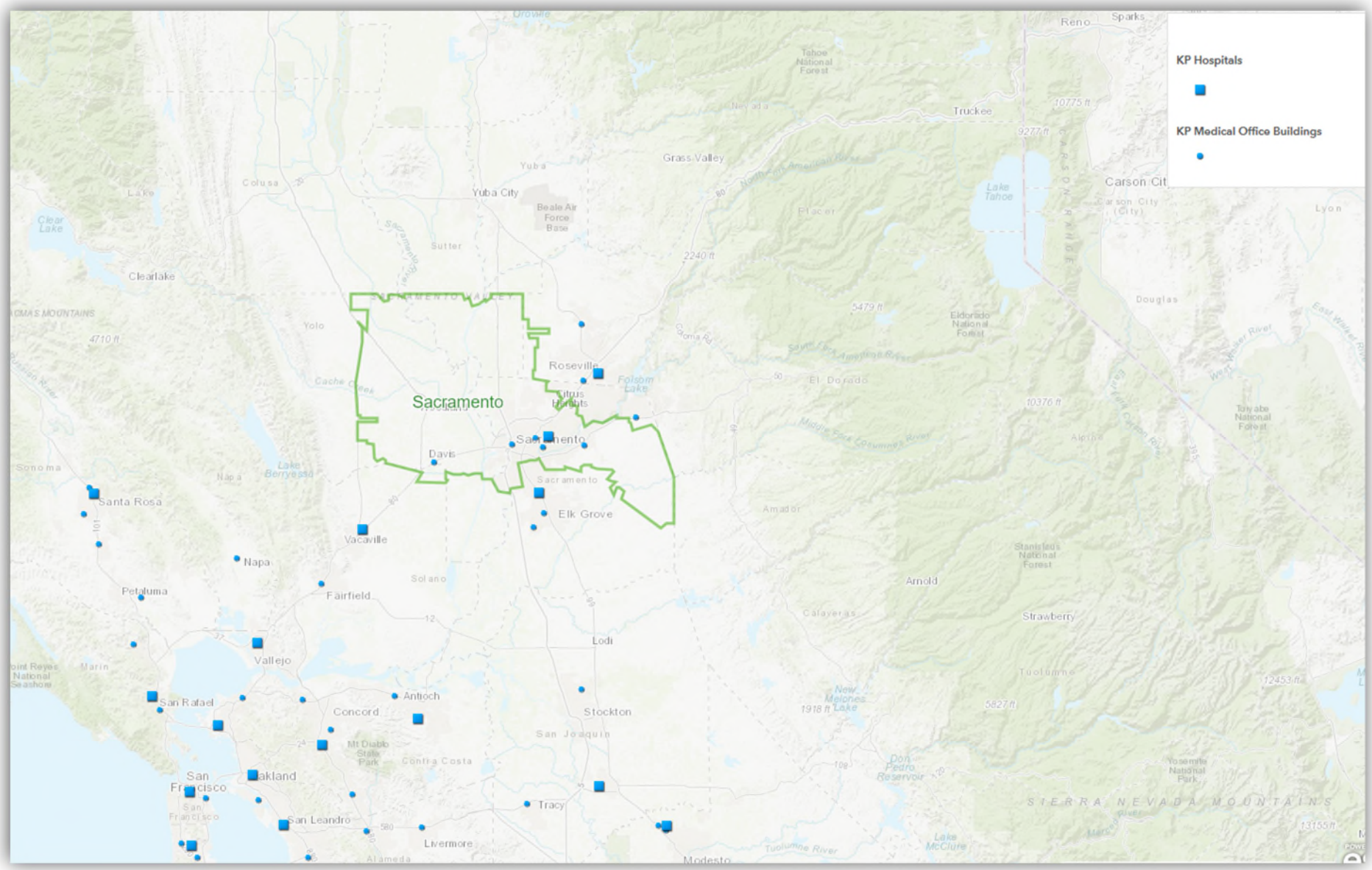
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	897,528
White	62.5%
Black/African American	8.8%
Asian	12.8%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.7%
Some Other Race	8.0%

Multiple Races	6.5%
Hispanic/Latino	24.3%
Total Living in Poverty (<100% FPL)	19.4%
Children Living in Poverty	25.1%
Unemployment Rate	3.9%
Uninsured Population	10.2%
Adults with No High School Diploma	12.1%

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



The KFH-Sacramento service area comprises Sacramento and Yolo counties. Cities in this area include Citrus Heights, Davis, Sacramento, Rancho Cordova, West Sacramento, and Woodland.

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

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

1. Access to Care

The health need, Access to High-Quality Health Care and Services was renamed Access to Care for the IS. Access to high-quality, affordable health care and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Essential components of access to care include health insurance coverage, access to a primary care physician and clinical preventive services, timely access to and administration of health services, and a robust health care workforce. Culturally and linguistically appropriate health services are necessary to decrease disparities for diverse populations, including racial and ethnic minorities, LBGTQ populations and older adults.

Access to care is a significant health need in the KFH-Sacramento service area. Thirteen of 32 indicators (41%) pertaining to access to care perform poorly compared to state benchmarks. In particular, there is a lack of access to dentists, and emergency room visits and hospitalizations for oral diseases are higher in the KFH Sacramento service area compared to the state. A higher percentage of Hispanic/ Latinos lack a consistent source of primary care. Input from service providers and community members indicate that the need for high-quality health care services far outweighs the resources currently available in the service area.

Access to care strongly met nearly all of the criteria used in the IS selection process. Kaiser Permanente has many internal assets, resources and expertise to address access to care.

2. Healthy Eating, Active Living (HEAL)

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health. A healthful diet and regular physical activity help individuals maintain a healthy weight and reduce the risk for many health conditions, including obesity, type 2 diabetes, heart disease, osteoporosis, and some cancers. Access to and availability of healthier foods can help people follow healthful diets and may also have an impact on weight. Access to recreational opportunities and a physical environment conducive to exercise can encourage physical activity that improves health and quality of life.

HEAL is a significant health need in the KFH-Sacramento service area, with 16 of 30 indicators (53%) performing poorly compared to state benchmarks. The rate of obesity among adults is slightly higher compared to the state, and there are higher rates of overweight and obesity for Black and Hispanic/Latino youth compared to other racial/ethnic groups and the overall rate for the service area. In addition, environmental factors, including a high prevalence of fast food restaurants and few WIC-authorized stores make accessing healthy food a challenge in the service area. Input from service providers and community members indicate that HEAL is an important need, especially among the low-income and those using CalFresh or WIC benefits.

Healthy eating active living strongly met nearly all the criteria used in the IS selection process.

3. Behavioral Health

The health need, Access to Behavioral Health Services was renamed Behavioral Health for the IS. Behavioral health encompasses both mental health and substance abuse.

Mental health and well-being are essential to living a meaningful and productive life. The burden of mental illness in the United States is among the highest of all diseases, and people with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse and suicide. Mental health and well-being provide people with the skills necessary to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Substance abuse is linked with community violence and mental health issues. Access to treatment for substance abuse and co-occurring disorders will improve the health, safety, and quality of life for individuals with substance use disorders as well as their children and families.

Behavioral health is a significant health need in the KFH Sacramento service area. Eight of 13 indicators (62%) pertaining to mental health and eight of 12 indicators (67%) pertaining to substance abuse compare unfavorably to state benchmarks. There is a high suicide rate, lack of mental health providers, high rates of emergency department visits for mental health conditions and self-inflicted injury, and high hospitalization rates for mental health conditions. In addition, compared to the state, there is a high rate of alcohol consumption and expenditures and high rates of emergency department visits and hospitalizations for substance abuse. Input from service providers and community members indicate that the need for behavioral health services far outweighs the resources currently available in the service area.

Behavioral Health was the number one prioritized health need in the CHNA. Behavioral health strongly met nearly all the criteria used in the IS selection process.

4. Community and Family Safety

The health need, Safe, Crime and Violence-Free Communities was renamed Community and Family Safety for the IS. Community and family safety contributes to overall health and well-being. Injuries and violence contribute to premature death, disability, poor mental health, high medical costs, and loss of productivity. Individual behaviors such as substance use and aspects of the social environment such as peer group associations can affect the risk of injury and violence. The physical environment may also affect the rate of injuries related to falls, motor vehicle accidents, and violent crime. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

Community and Family Safety is a significant health need in the KFH Sacramento service area. Twenty-one of 26 indicators (81%) pertaining to violence and safety perform poorly compared to state benchmarks. Rates of domestic violence, assault, robbery, and rape are higher in the KFH-Sacramento service area compared to the state. In addition, there is a high rate of school suspensions for youth, and high emergency department and hospitalization rates for substance abuse compared to the state. Homicide mortality rates among Blacks

are higher compared to other racial/ethnic groups and the overall service area rate. Input from service providers and community members indicate that community and family safety is a significant need.

Community and Family Safety strongly met nearly all the criteria used in the IS selection process.

V. 2018 Year-End Results for KFH-Sacramento

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

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-Sacramento

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$67,267,550
Charity care: Medical Financial Assistance Program[b]	10,240,356
Grants and donations for medical services[c]	753,209
Subtotal	***$78,261,116***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$122,373
Grants and donations for community-based programs[e]	1,090,046
Community Benefit administration and operations[f]	485,835
Subtotal	***$1,698,254***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$3,145
Community Giving Campaign administrative expenses	36,463
Grants and donations for the broader community[h]	178,168
National board of directors fund	33,207
Subtotal	***$250,983***
Health Research, Education, and Training	
Graduate Medical Education	$3,003,925
Non-MD provider education and training programs[i]	514,445
Grants and donations for health research, education, and training[j]	32,143
Health research	1,296,987
Subtotal	***$4,847,500***
Total Community Benefits Provided	**$85,057,853**

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-Sacramento'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-Sacramento 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-Sacramento. 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 62 grants totaling $745,668.14 that addressed Access to Care in the KFH-Sacramento service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 43,326 Medi-Cal members and 711 Charitable Health Coverage (CHC) members. And 10,871 individuals received Medical Financial Assistance (MFA).
		Access to care and coverage: Yolo Healthy Aging Alliance received $10,000 to connect diverse populations to services. The program will increase access to care and coverage in Yolo County for older adults and persons with disabilities using a printed and online resource guide in multiple languages and three community outreach events that will increase and systematize access to needed medical and social non-medical services. By April 1, 2018, 500 copies of *Yolo Senior Resource Guide* were distributed to the Woodland, Davis, and West Sacramento senior centers; in the rural communities of Winters, Esparto, Clarksburg and Knights Landing; through Senior Link; and at the Kaiser Permanente medical offices in Davis. In addition, 1,189 unique users accessed the digital version of the guide and the Yolo Healthy Aging Alliance Resource page.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		PHASE: Sacramento Native American Health Center, Inc. (SNAHC) received a three-year $150,000 grant to support the successful use of PHASE. Strategies include SMPB and individual case management of high-risk patients by an LVN. SNAHC is reaching more than 1,500 patients through PHASE; 66% of patients with diabetes and 93% of those with hypertension have their blood pressure controlled.
		211: Community Link Capital Region received a $50,000 grant to support 211's business operations and partnership efforts with local health care systems to improve access to health care and social non-medical services. It is expected that 300,000 individuals will be reached through calls, website searches, and outreach.
		Respite care: WellSpace Health Interim Care Program (ICP) was awarded a $46,000 grant (even split with KFH-South Sacramento) to provide lay-in respite care shelter for 54 post-hospitalization homeless patients. All clients had the opportunity to attend at least one medical follow-up appointment with a primary care provider and or specialist prior to program completion. Clients who were living with behavioral health needs were linked with community behavioral resources while in ICP and supported with follow-up care that included assistance with completing required documents and transportation to and from appointments.
Healthy Eating Active Living	In 2018, there were 28 grants totaling $498,509.62 that addressed Healthy Eating Active Living in the KFH-Sacramento service area.	**Physical activity program**: Roberts Family Development Center was awarded a $30,000 grant for its Youth Development and Health & Fitness initiatives, which increased health among 491 vulnerable children through access to physical activity opportunities during out-of-school time year-round. The initiatives also improve community health and safety by providing educational support, job readiness training, and life skills enrichments to 63 at-risk and high-risk teens.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Urban farm: Soil Born Farms received $34,889 for its Urban Agriculture & Education Eat Your Veggies project, which focuses on engaging 35,500 Rancho Cordova youth and adults in healthy food activities through direct hands-on experiences and classes at American River Ranch to increase knowledge and abilities related to growing, purchasing, preparing, preserving, and eating healthy, locally grown produce. Based on surveys, 100% of participants increased their knowledge of healthy food, walked away with recipes, and enjoyed samples; 92% expressed a willingness to prepare recipes they sampled at the farm at home; all class participants said they learned new ways to prepare fresh produce; 91% said they learned something new about nutrition; and 91% said they learned helpful information for eating healthy.
		CalFresh: Sacramento Food Bank & Family Services (SFBFS) received a $95,000 grant (even split with KFH-South Sacramento) to increase enrollment in and use of CalFresh, by convening stakeholders, training partner agencies, and targeting outreach in zip codes with low CalFresh participation. To date, SFBFS has trained three new partners to help with outreach and application assistance. SFBFS has screened 211 individuals and submitted 173 CalFresh applications, of which 75 were approved.
		Parks: City of Sacramento received a $75,000 grant to build and activate an outdoor fitness court in downtown Sacramento's Roosevelt Park. This project is expected to serve 10,000 residents and employees in the surrounding neighborhood, many of whom reside in low-income housing units. To date, more than 250 people have participated in lunch time bootcamps and local groups have been using the courts during lunch hours, after work, and on the weekend.
Mental Health & Wellness	In 2018, there were 32 grants totaling $409,293.61 that addressed Mental and Behavioral Health in the KFH-Sacramento service area.	**Stigma**: San Juan Unified School District (SJUSD) received a $90,000 grant to address mental health stigma among youth at SJUSD by providing outreach and education to 1,000 students, parents, family members, and educators to increase their understanding of mental health issues and decrease the stigma associated with accessing mental health services. Because of this effort, the district hopes to see an increase in utilization of the White House counseling center.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Mental health services: Loaves & Fishes was awarded a $25,000 grant for its onsite Genesis Mental Health project, which served 910 homeless guests and provided 4,511 unique and significant encounters, including counseling sessions, crisis intervention, mental health assessments, and resource referrals to on-campus and outside community services. Services are free, lack restrictive criteria, and accommodate any homeless person on a walk-in basis or, if they choose, through ongoing, unlimited weekly sessions.
		Support group: Women's Empowerment received $15,000 to help 118 homeless and formerly homeless women in Sacramento understand the link between substance abuse and domestic violence (DV), and to reduce or stop misuse of drugs and alcohol so they can find a safe home, acquire a steady job, and create a healthy lifestyle for themselves and their children. Among participants, 77% secured employment and 92% regained a safe home. Among Wellness & Recovery Support Group participants, 100% reported understanding the effects of substance abuse in their and their children's lives and where to get help; and 86% reported feeling healthier and more empowered in their newfound support networks and/or experienced decreased distorted cognitive behavioral thinking. Among DV support group participants, 83% improved their DV situation.
Community & Family Safety	In 2018, there were 25 grants totaling $399,097.00 that addressed Community and Family Safety in the KFH-Sacramento service area.	**Violence Prevention:** WellSpace Health received a $200,000 grant (even split with KFH-South Sacramento) to implement the Sacramento Violence Intervention Program (SVIP). Youth 15 to 26 who are admitted to Kaiser Permanente's South Sacramento Trauma Center with injuries related to violence receive case management and linkage to services. The goal of SVIP is to reduce the number of re-injuries due to violence. To date, SVIP has mentored and provided after-care services for more than 75 patients and families affected by violence.
		Firearms: Safe Passages received a four-year $400,000 grant (even split with KFH-South Sacramento) to implement Advance Peace Sacramento, a project that reduce firearm assaults in three Sacramento California communities by providing resources to firearm offenders. The expected outcome includes a 50% reduction in firearm assaults over five years. To date, 75 fellows have been enrolled in the Peacemaker Fellowship, which provides participants with support to develop a life plan and work towards educational, professional, and personal goals.

Kaiser Foundation Hospital – Southern California Region

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

SAN DIEGO

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

III. KFH-San Diego and Zion Community Served

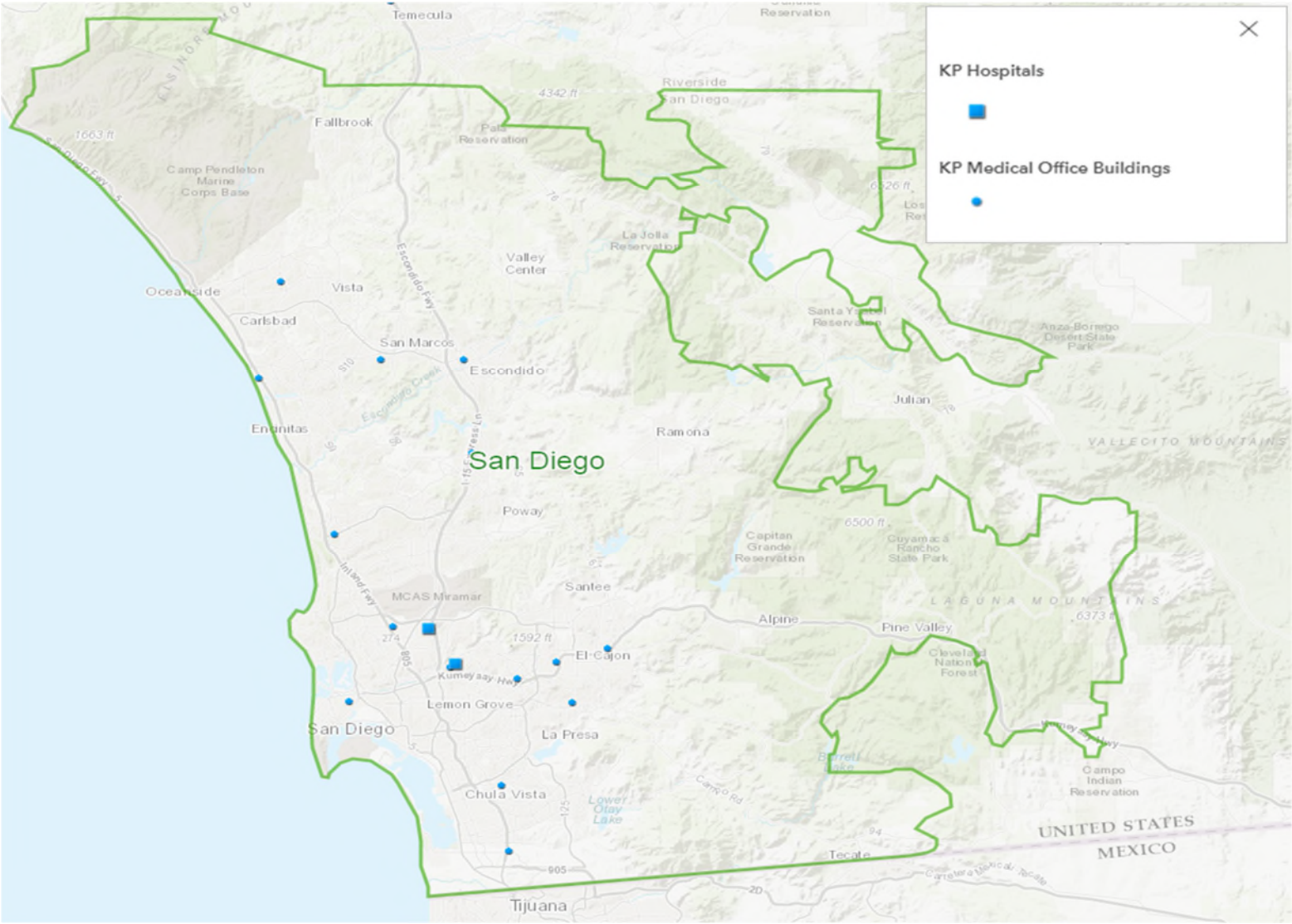
A. Kaiser Permanente's Definition of Community Served

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-San Diego and Zion service area includes Bonita Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Encinitas, Leucadia, Olivenhain, Escondido, Fallbrook, Rainbow, Guatay, Imperial Beach, Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Oceanside, Pala, Palomar Mountain, Pauma Valley, Pine Valley, Potrero, Poway, Ramona, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, SanYsidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista, and Warner Springs.

KFH-San Diego and Zion Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-San Diego and Zion 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	3,240,176	Living in Poverty (<100% Federal Poverty Level)	13.98%
Asian	11.38%	Children in Poverty	17.98%
Black	4.75%	Unemployment	3.3%
Hispanic/Latino	33.12%	Uninsured Population	12.23%
Native American/Alaska Native	0.34%	Adults with No High School Diploma	13.60%
Pacific Islander/Native Hawaiian	0.43%		
Some Other Race	0.17%		
Multiple Races	3.16%		
White	46.64%		

IV. Description of Community Health Needs Addressed by KFH-San Diego and Zion

The following are the health needs that KFH-San Diego and Zion 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 Care is defined as access to high-quality, affordable, holistic, and culturally specific care. While access to health insurance has increased because of expanded coverage under ACA, there are still barriers to accessing affordable and timely care. Difficulty navigating the complex systems, lack of holistic health care providers including mental health providers, and a need for more culturally specific care are often cited as issues. According to the 2014 California Health Interview Survey, approximately 15.0% of San Diego adults compared to 15.9% in California self-reported that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This indicator is a measure of general access to care.

B. CVD/Stroke

The World Health Organization defines cardiovascular disease (CVD) as a group of disorders of the heart and blood vessels that include coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism. CVD is among the top 5 most important health problems in Central, North Central, and Southern regions of San Diego County. 'Diseases of the heart' were the second leading cause of death in the region in 2012. In addition, 'Cerebrovascular Diseases' were the fifth leading cause of death, and 'Essential (primary) hypertension and hypertensive renal disease' was the tenth. The 2011-2012 California Health Interview Survey estimates 5.8% of the adult population in San Diego County have been told by a doctor that they have coronary heart disease or angina. Mortality rates for ischemic heart disease and stroke were particularly high for African Americans (211.9 and 60.02 per 100,000 population) and Native Hawaiian/Pacific Islanders (241.4 and 47.0 per 100,000 population) in San Diego County. Unmanaged high blood pressure is also a problem in San Diego. According to the 2006-2010 BRFSS, 31.3% of adults reported that they are not taking medication for their high blood pressure.

C. Mental and Behavioral Health

Mental Health is a state of well-being in which an individual can realize their potential, can cope with normal stresses of life, and is able to contribute to their community. Mental illness is defined as "health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning." The following categories were found to be important health

issues within behavioral/mental health in San Diego County: Alzheimer's, Anxiety, Drug and alcohol Issues and Mood disorders. There are a wide variety of anxiety disorders including post-traumatic stress disorder, generalized anxiety disorder, and panic disorder. In San Diego County ED discharges have increased 64.2% in youth up to age 14 in 2013. In substance abuse, 17.2% of adults self-reported heavy alcohol consumption. An analysis of OSHPD shows acute substance abuse hospitalization rates increased 37.4% from 2010 to 2013 and increased most among 15-24 year-olds (58.0%) and an acute alcohol hospitalization rates grew most among 25-44 year olds with a 45.9% increase. Alzheimer's disease increased significantly in San Diego. 60,000 individuals in the county are living with Alzheimer's disease or other dementia in 2012 and is projected to increase by 55.9% by 2030. Suicide rates are much higher in San Diego County than in the state of California (11.3 versus 9.8 per 100,000 population) and is the eighth leading cause of death.

D. Obesity/HEAL/Diabetes

Obesity is when excess body fat has accumulated to the extent that it may have an adverse effect on health. Overweight and obesity ranges are determined using weight and height to calculate a "body mass index" (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese. For youth aged 2-19, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile, while obese is defined as a BMI at or above the 95th percentile for children. 36.3% of adults aged 18 and older self-reported that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the county according to 2011-2012 BRFSS data. 17.7% youth in grades 5, 7, and 9 ranked overweight for body composition on the FITNESSGRAM physical fitness test in 2013-2014. Roughly 15.9% of youth in grades 5, 7, and 9 ranked obese. Rates of overweight and obese youth were highest among Hispanic/Latino and African American youth. Obesity is an important health need due to its high prevalence in San Diego and is a significant contributor to the development of other chronic conditions, such as Type 2 Diabetes. An analysis of mortality data in the region found that in 2012 'Diabetes mellitus' was the seventh leading cause of death. 7.2% of adults aged 20 and older were diagnosed with diabetes in 2012 in San Diego County and the number has been steadily rising since 2005.

V. 2018 Year-End Results for KFH-San Diego and Zion

A. 2018 Community Benefit Financial Resources Provided by KFH-San Diego and Zion

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: KFH-San Diego and Zion 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$23,449,868
Charity care: Medical Financial Assistance Program[2]	$12,718,997
Grants and donations for medical services[3]	$377,256
Subtotal	***$36,546,121***
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs[5]	$103,131
Grants and donations for community-based programs[6]	$847,910
Community Benefit administration and operations[7]	$810,193
Subtotal	***$1,761,234***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$139,864
Kaiser Permanente Educational Theatre	$722,323
Community Giving Campaign administrative expenses	$22,978
Grants and donations for the broader community[9]	$290,020
National board of directors fund	$41,509
Subtotal	***$1,216,694***
Health Research, Education, and Training	
Graduate Medical Education	$4,028,582
Non-MD provider education and training programs[10]	$1,079,046
Grants and donations for health research, education, and training[11]	$176,889
Health research	$1,188,031
Subtotal	***$6,472,548***
Total Community Benefits Provided	**$45,996,597**

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-San Diego and Zion 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-San Diego 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-San Diego and Zion. 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-San Diego and Zion 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 234 events in 69 schools in the KFH-San Diego and Zion communities, reaching 26,278 youth and 1228 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2018, Kaiser Permanente paid 5 grants, totaling $361,667, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $315,000 that address this need.	**Providing Affordable Healthcare** In 2018, KFH-San Diego provided $23,449,868 in medical care services to 50,695 Medi-Cal recipients (both health plan members and non-members) and $12,718,997 in medical financial assistance (MFA) for 12,054 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • 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
		Supporting Hepatitis A Health Emergency On September 1, 2017, the County of San Diego declared a local health emergency. Approximately 584 cases of Hepatitis A were diagnosed between November 2016 and December 2017. This health concern included 400 hospitalizations and 20 deaths. The populations most impacted were homeless and/or illicit drug users who had poor access to health insurance. In response, Kaiser Permanente San Diego partnered with the County Public Health Team and the City of San Diego to form a Community Health Task Force. This task force recruited 30 employees and physicians to provide free vaccinations to homeless individuals on the street or in shelters to help eradicate the outbreak and reduce illness. Additionally, the task force also provided free vaccinations to law enforcement and first responders who interacted with the high-risk population. Results from the initiative include: • The County of San Diego ended public health emergency in Q1 2018 • New best practices established for coordination of services during a public health crisis to prevent loss of life and provide on the ground critical community support. • Kaiser Permanente was quickly able to partner with the County for a new public health outbreak of Meningitis B in the college community in Q4 2018 to deliver vaccinations to impacted at-risk populations.
CVD/ Stroke	During 2018, Kaiser Permanente paid 4 grants, totaling $150,000, addressing the priority health need in the KFH-San Diego and Zion service area.	**Addressing Stroke Treatment Methodologies and Policies** San Diego Stroke Consortium hosts a best practice-sharing forum on stroke treatment methodologies and policies has been very effective in building community engagement and collaboration. Strike Out Stoke consists of various stroke care leaders like Scripps Health, Sharp HealthCare, and Palomar Health. KFH-SD San Diego Quality Improvement and Patient Safety Division partners with the County of San Diego and stroke receiving centers. Over two years (2017-2018), Kaiser Permanente: • Circulated educational resources about the signs, symptoms, and prevention of stroke, and how to recognize those recovering from stroke at the Strike Out Stoke event. • Hosted an educational event on StrokeNet and other related topics and was attended by a total of 80 stroke care leaders.

Need	Summary of impact	Examples of most impactful efforts
		Bridging the Community to Clinic Gaps through the Mobile Health Vehicle Over two years (2017-2018), in partnership with 40 local healthcare and social service providers, Kaiser Permanente helped bridge the community to clinic gaps that exist in Southwest San Diego and to increase health equity at the monthly Big Lots Community Outreach Event. The Mobile Health Vehicle also participated in the County of San Diego's "Love Your Heart" event which is an annual county blood pressure screening event in February of 2018. Through these partnerships, Kaiser Permanente: • Provided 884 blood pressure screenings, 440 blood sugars screenings, 231 health education sessions, 274 mammograms, and 127 HIV tests over two years (2017-2018) at the Big Lots Community Outreach event. • Provided 756 blood pressure screenings at five different County of San Diego locations in 2018 for "Love Your Heart."
		Focusing on Social Determinants of Health and Data Be There San Diego (BTSD) has focused on the social determinants of health (SDOH) with their University of Best Practices (UBP) and Data for Quality Group (DQG) work. The UBP is a monthly learning collaborative environment for clinical leaders from the San Diego medical groups, including FQHCs, health plans and other interested stakeholders. The DQG is a smaller group of medical leaders who are committed to sharing data and making targeted improvements. They have added a SDOH focus to both pieces of work during 2017 and 2018. In 2017 they focused on the development of organizations recommendations for food security, physical activity and access to nutritious foods within San Diego's healthcare organizations, including community clinics. In 2018 they have focused adding race/ethnicity data to the DQG data collection and reporting efforts. Over two years (2017-2018), Kaiser Permanente paid $150,000 to Be There San Diego to: • Complete and disseminate organizations' recommendations regarding food security, physical activity and nutrition working with the BTSD medical leadership. • Add physical activity as a keynote to the annual Heart Attack and Stroke Free Zone Summit. • Add race data from 5 of 12 medical groups participating in DQG. • Add reporting by race during the December 2018 DQG. • Create a new acceptance amongst the medical leaders of reporting on race/ethnicity.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	During 2018, Kaiser Permanente paid 16 grants, totaling $645,000, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.	**Strengthening Mental Health Policies and Practices in Schools**~ 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: • 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.
		Delivering Mental Health Therapy to Refugee Students* Cajon Valley Union School District, in partnership with Survivors of Torture, improves access and connection to mental health care in the school setting. In 2018, Kaiser Permanente paid $40,000 to the school district to: • Expand mental health therapy for 100 refugee students fleeing war and persecution.

Need	Summary of impact	Examples of most impactful efforts
		Providing Substance Abuse Recovery Support The Vista Hill Foundation operate the ParentCare Family Recovery Center which offers comprehensive treatment and support components to address the wide range of issues that afflict women struggling with substance use disorder. ParentCare is unique in that it operates on a bio-psycho-social model, thereby accepting dually diagnosed patients. Most women lack health insurance, and their only option is a long wait list for a community clinic (meantime, often failing in their drug/alcohol treatment due to their untreated mental health symptoms.) Over two years (2017-2018), Kaiser Permanente paid $36,000 to Vista Hill Foundation to: • Serve a total of 352 women through group counseling for dual diagnosis issues and provided psychiatric care to 120 women. • Offer 205 yoga/mindfulness groups. • Attain an 85% completion of being employed or enrolled in school. • In 2017, at completion 85% report being employed or enrolled in school. 97% of clients who finished the program now report that their quality of life is excellent or good and 90% report owning or renting their own residence. In 2018 at completion 80% report being employed or enrolled in school. 91% of clients who finished the program last year now report that their quality of life is excellent or good and 85% report owning or renting their own residence.
		Fostering Healthier Choices Through School-Based Performances The Kaiser Permanente Educational Theatre program is designed to inspire children, teens and adults to make healthier choices by providing school-based performances addressing health literacy, conflict resolution, healthy eating and active living, adolescent bullying awareness and STD prevention. Over two years (2017-2018) Educational Theatre: • Provided 433 performance events in 141 schools. • Reached 57,385 youth and adults in the community.

Need	Summary of impact	Examples of most impactful efforts
Obesity / HEAL/ Diabetes	During 2018, Kaiser Permanente paid 16 grants, totaling $1,001,961, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 11 grants, totaling $1,838,694 that address this need.	**Advocating for Maternal, Infant, and Child Health**~ 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: • 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. • Participated in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state.
		Fighting Food Insecurity~ 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Supporting Healthy Eating and Active Living through Systems Change* Community Health Improvement Partners' (CHIP) HEAL Zone site makes policy, system, and environmental changes to increase healthy eating and physical activity opportunities in the City of Lemon Grove. In 2018, Kaiser Permanente paid $333,333 to CHIP to: • Provide a weekly farmers market with 12 vendors to 100 residents • Influence the City of Lemon Grove to pass policies in parks to ban the use of alcohol and marijuana, and to install 12 bilingual signs. • Repaint bathrooms, fix lights and water fountains, and clean up trash at both Lemon Grove and Berry Street Park. • Sign a 2-year lease with the City of Lemon Grove to operate a large community garden.
		Increasing Access to Nutritious Foods Through A Community Garden Kaiser Permanente donated 5-acres of vacant land in El Cajon to create New Roots Fresh Farm Community Garden, a garden which is intended to help families become healthy, increase physically activity, and build community through gardening. The gardeners provide one another with nutrition education and work together to help engage the community. There are 48 active growing spaces for refugees and underserved populations. Additionally, there are 88 raised beds split between 9 market gardeners selling at various farmers' markets throughout San Diego County. Over two years (2017-2018), the create New Roots Fresh Farm Community Garden: • Harvested over 82,850 pounds of vegetables. • Produced approximately $111,700 of produce.

Need	Summary of impact	Examples of most impactful efforts
		Fighting Against Hunger Hunger Free San Diego is a research/planning initiative. Primary goals: maximize utilization of federal nutrition programs bringing hundreds of millions of new dollars to our fight against hunger; improve coordination/capacity of local hunger relief; and integrate food assistance/referral into everyday environments (clinics, housing, churches, etc.). Over two years (2017-2018), Kaiser Permanente paid $150,000 to the San Diego Hunger Coalition to: • Provide an annual brief with numbers/demographics of food insecure population • Create a resource mapping of all food assistance in SD County by program type (91% is from federal nutrition programs). • Calculate meal gap. • Create a Hunger Free Kids report with utilization of child nutrition programs in 25 highest need districts. • Provide successful dual-enrollment/Medi-Cal In-Reach pilot with HHSA: 21% applied for CalFresh (statewide average is <10%); will scale up model for SSI recipients newly eligible for CF.

Kaiser Foundation Hospital – Northern California Region

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

SAN FRANCISCO

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

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in the community

III. KFH-San Francisco Community Served

A. Kaiser Permanente's Definition of Community Served

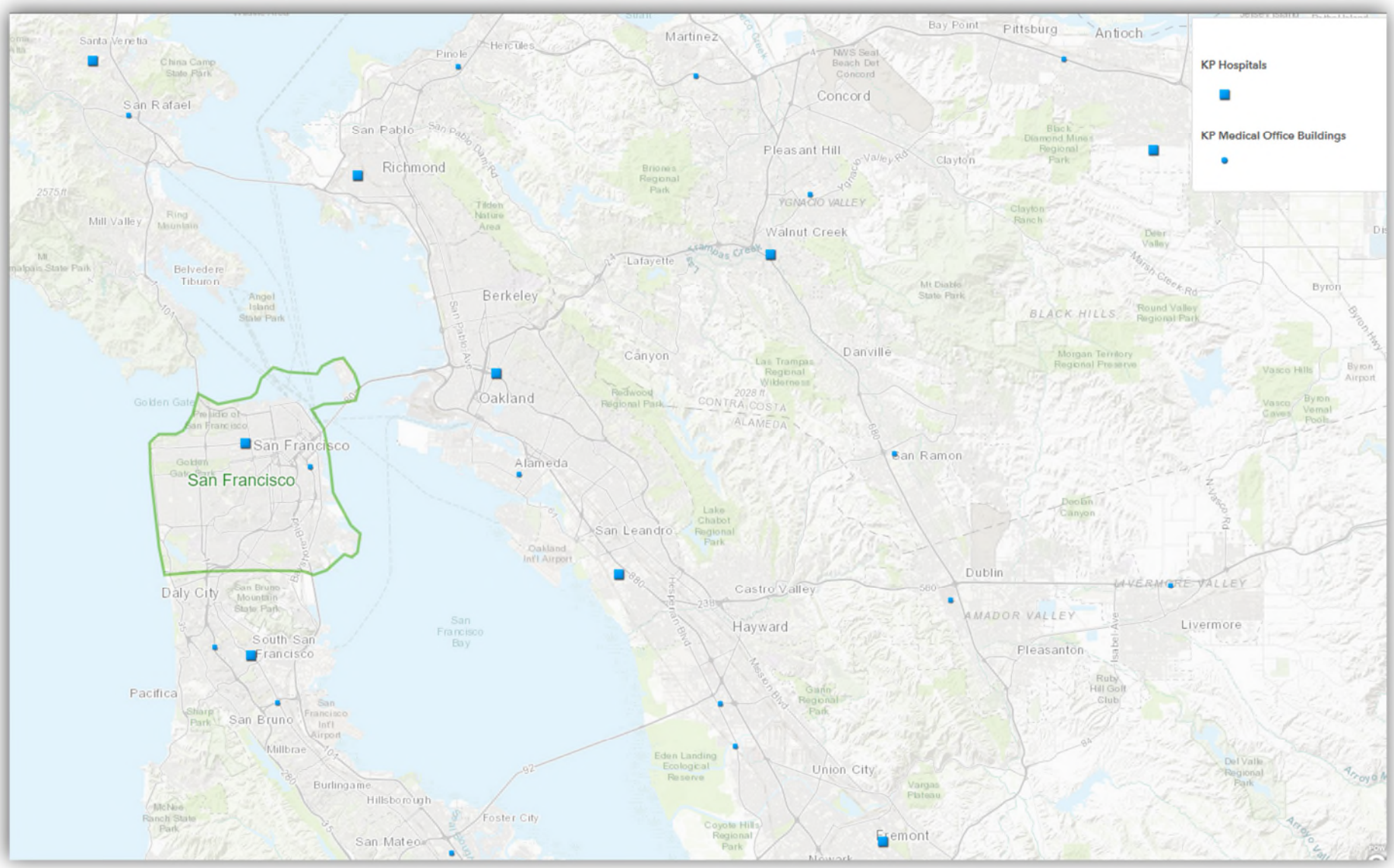
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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.	**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).
		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.
		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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		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.
		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.
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.	**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.
		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.
		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.

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.	**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.
		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.
		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.
		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.
		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.

Kaiser Foundation Hospital – Northern California Region

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

SAN JOSE

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

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in the community

III. KFH-San Jose Community Served

A. Kaiser Permanente's Definition of Community Served

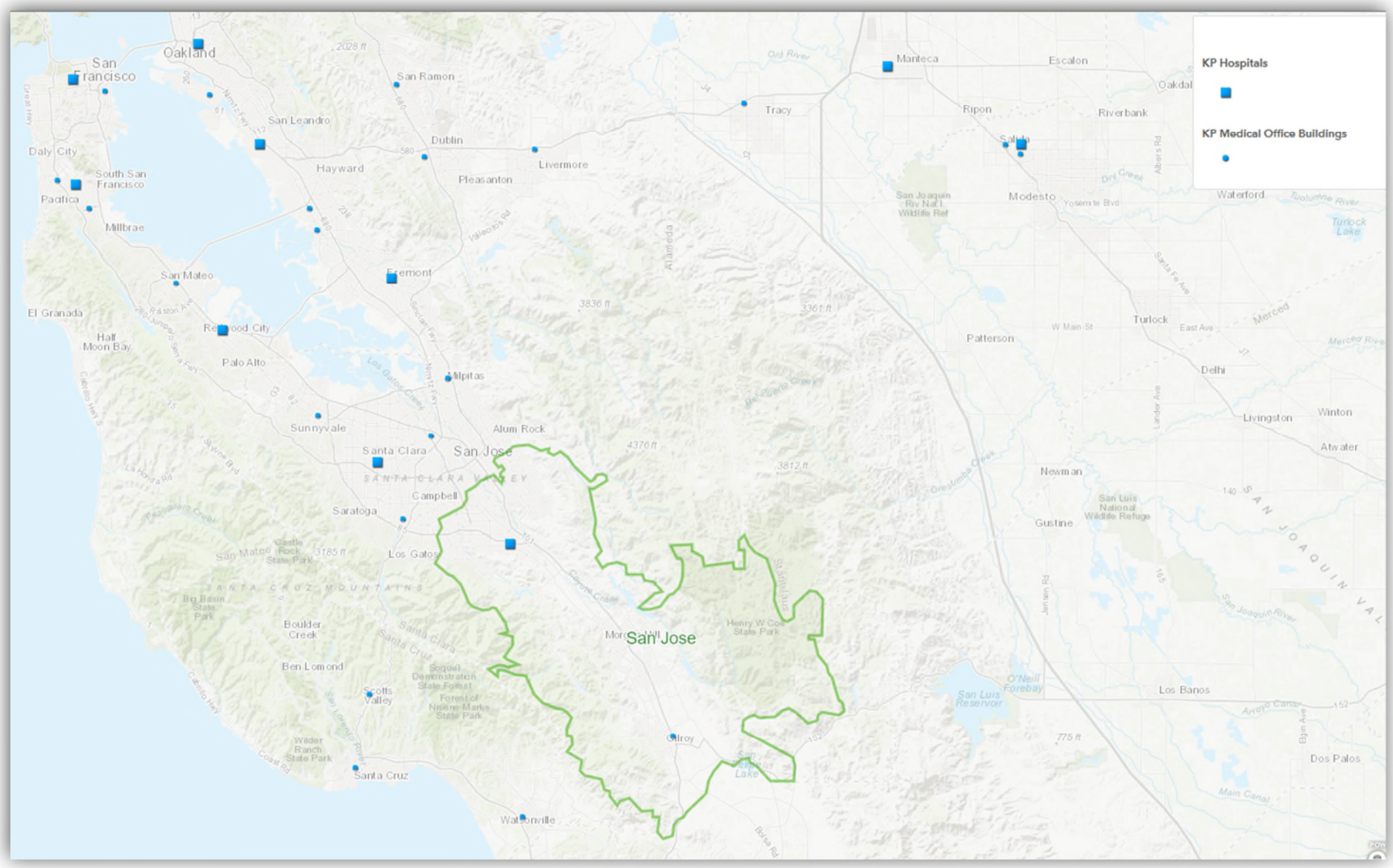
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	509,488
White	52.0%
Black/African American	2.9%
Asian	29.6%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	9.3%

Multiple Races	5.5%
Hispanic/Latino	32.5%
Total Living in Poverty (<100% FPL)	8.7%
Children Living in Poverty	11.0%
Unemployment Rate	2.6%
Uninsured Population	7.9%
Adults with No High School Diploma	15.0%

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



KFH-San Jose service area comprises roughly the southern half of Santa Clara County and all of Santa Cruz County. Cities in this area include Gilroy, Morgan Hill, San Jose, Santa Cruz, and Watsonville.

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

KFH-San Jose'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 Jose 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 Jose 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. 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 people 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 to 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 illnesses, such as depression and anxiety, affect 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.

3. Healthy Eating and Active Living

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 allow people to make healthier choices and live healthier lives.

4. Community and Family Safety

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's *World Report on Violence and Health*. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

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

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

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 Jose

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$16,615,088
Charity care: Medical Financial Assistance Program[b]	7,506,574
Grants and donations for medical services[c]	507,504
Subtotal	***$24,629,166***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$162,423
Grants and donations for community-based programs[e]	1,901,807
Community Benefit administration and operations[f]	370,669
Subtotal	***$2,434,898***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$2,399
Community Giving Campaign administrative expenses	27,820
Grants and donations for the broader community[h]	98,637
National board of directors fund	25,335
Subtotal	***$154,191***
Health Research, Education, and Training	
Graduate Medical Education	$698,111
Non-MD provider education and training programs[i]	1,008,281
Grants and donations for health research, education, and training[j]	70,293
Health research	989,539
Subtotal	***$2,766,224***
Total Community Benefits Provided	**$29,984,480**

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 Jose'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 Jose 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 Jose. 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 43 grants totaling $521,775.32 that addressed Access to Care in the KFH-San Jose service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 9,457 Medi-Cal members and 167 Charitable Health Coverage (CHC) members. and 6,085 individuals received Medical Financial Assistance (MFA).
		Operation Access: Operation Access received a $350,000 grant (even 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.
		211: United Way of Santa Cruz County received a $50,000 grant to increase referrals between 211 and community health clinics and public hospitals, and to ensure efficient and effective 211 services. To date, the 211 Helpline has answered 1,637 calls and offered 1,468 referrals to services ranging from housing to mental health services.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		PHASE: Santa Clara Valley Medical Center (SCVMC) received a three-year $500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE, through efforts such as validating data, using group visits for patients with chronic disease, and developing a robust diabetes care management program. SCVMC is reaching almost 14,500 patients through PHASE; 66% of its patients with diabetes and 66% of those with hypertension have their blood pressure controlled.
		Patient navigation: School Health Clinics of Santa Clara County was awarded $50,000 (even split with KFH-Santa Clara) to implement a patient navigator project, which was designed to break down barriers, including language, transportation, and lack of health care coverage, that inhibit people from gaining access to care. The patient navigators worked with 1,750 low-income patients and supported ongoing access to medical and behavioral health care in high-risk areas of Santa Clara County
Healthy Eating Active Living	In 2018, there were 32 grants totaling $672,521.43 that addressed Healthy Eating Active Living in the KFH-San Jose service area.	**CalFresh**: Second Harvest Food Bank Santa Cruz County received a $95,000 grant to increase its capacity to deploy outreach staff to increase enrollment among eligible populations, particularly among college students. The Food Bank has provided CalFresh training for 21 CalFresh buddies. To date, the Food Bank has submitted 253 CalFresh applications and 189 were approved.
		Parks: Friends of Santa Cruz State Parks received a $75,000 grant to restore Castro Adobe into a museum and provide programming to encourage participation and foster positive social relationships among the Latino community. The restoration is expected to be completed in Fall 2019. Since awarded the grant, 11 high school students have begun training as volunteer docents and 225 children and adults participated in field trips and open houses.
		Childhood obesity: Healthier Kids Foundation of Santa Clara County was awarded a $20,000 grant (even split with KFH-Santa Clara) that supported delivery of the 10 Steps to a Healthier You program to 235 parents and caregivers in Santa Clara County. The workshops focused on implementing healthy, active lifestyles in the home to prevent childhood and adolescent obesity.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Food security: San Francisco Planning & Urban Research Association (SPUR) was awarded a $40,000 grant (even split with KFH-Santa Clara) to support its Double Up Food Bucks California program, which reduces food insecurity and improves nutrition by making fruits and vegetables more affordable for low-income families participating in CalFresh. The program provided monetary supplements to 17,000 CalFresh participants who buy fruits and vegetables at participating local grocery stores.
		Afterschool program: THINK Together was awarded a $35,000 grant (even split with KFH-Santa Clara) to support its Healthy Living Program at Alum Rock and San Jose elementary schools. The program's goal is to reduce obesity by increasing students' healthy eating habits and improving their attitudes and behavior around regular exercise. This afterschool program engaged 1,500 student participants.
Mental Health & Wellness	In 2018, there were 36 grants totaling $965,591.38 that addressed Mental Health and Wellness in the KFH-San Jose service area.	**Stigma**: Encompass received a $89,985 grant to implement a youth peer outreach intervention and a public education campaign to reduce the stigma associated with mental health and substance use disorders among homeless youth and young adults in Santa Cruz County. Because of this outreach and education, it is expected that homeless youth will be more likely to access mental health services.
		Resilience: Alum Rock Counseling Center received a $98,000 grant to partner with Lee Mathson Middle School to improve the schools' trauma-informed environment through conducting mental health and trauma assessments with high-risk students and providing education on trauma and stress to students, parents, and staff. To date, more than 300 students and 20 staff have received 35 hours of training, 90% of students report having at least one adult on campus who they trust, and 100% of teachers report feeling supported in their role.
		Opioid abuse prevention: Community Health Partnerships was awarded a $50,000 grant (even split with KFH-Santa Clara) to support population health strategies for the prevention of opioid abuse. The project targeted high-risk patients for opioid management, based on best practices, with the goal of preventing adverse clinical outcomes and mitigating health care costs. The program reached 150 patients.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Peer mentorship: National Alliance on Mental Illness Santa Clara County (NAMI) received a $30,000 grant (even split with KFH-Santa Clara) to support community peer mentoring programs that provide peer support to Santa Clara County residents who suffer from severe and persistent mental illness. The program reached 500 participants and reduced loneliness and isolation, improved self-care, and increased engagement in treatment and recovery.
		Substance abuse: Uplift Family Services received a $45,000 grant (even split with KFH-Santa Clara) for its Addiction Prevention Services (APS). APS programming achieves excellent outcomes in preventing dangerous behavior in at-risk youth and educating students on substance abuse. APS supported parents and teachers challenged with youth behavior issues. The program served 1,190 students, staff, and family members in 20 Santa Clara County schools.
Community and Family Safety	In 2018, there were 21grants totaling $307,016.00 that addressed Community and Family Safety in the KFH-San Jose service area.	**Domestic violence**: Destination Home Silicon Valley received a $50,000 grant (even split with KFH-Santa Clara) to connect the Domestic Violence Advocacy Consortium of Santa Clara County to Destination Home's Homelessness Prevention System through a common intake process that prioritizes the most vulnerable victims of domestic violence (DV) for limited shelter beds. The project integrates existing DV service providers into a coordinated entry system, which allows their clients to gain access to more and supportive services. More than 20,000 residents were reached through this effort.
		Domestic violence: Next Door Solutions to Domestic Violence received a $40,000 grant (even split with KFH-Santa Clara) that provided crisis and support services for 1,800 victims of sexual dating violence and intimate partner violence. To ensure greater safety for survivors and their children, the program provides counseling, risk management, evaluation, safety planning, and linkages to appropriate additional services.
		Student wellness: Kidpower Teenpower of the South Bay received a $30,000 grant (even split with KFH-Santa Clara) to build the capacities and behavioral skill sets of 720 students at Jason M. Dahl Elementary School. The program provides tools to help students protect themselves from community and family violence and abuse and improve their overall social-emotional wellness by decreasing behavioral risk factors and increasing non-violent conflict solution-orientated protective factors.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		School climate: YMCA of Silicon Valley/Project Cornerstone received a $50,000 grant to create safe school communities. For children attending Santa Clara County's Title 1 pre, elementary, and middle schools, the project provides student workshops, parent education and engagement programs, and staff training, helping to reduce school violence and to build safe and caring school environments. More than 5,000 students, parents, and staff were impacted by this programming.

Kaiser Foundation Hospital – Northern California Region

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

SAN LEANDRO

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

III. KFH-San Leandro Community Served

A. Kaiser Permanente's Definition of Community Served

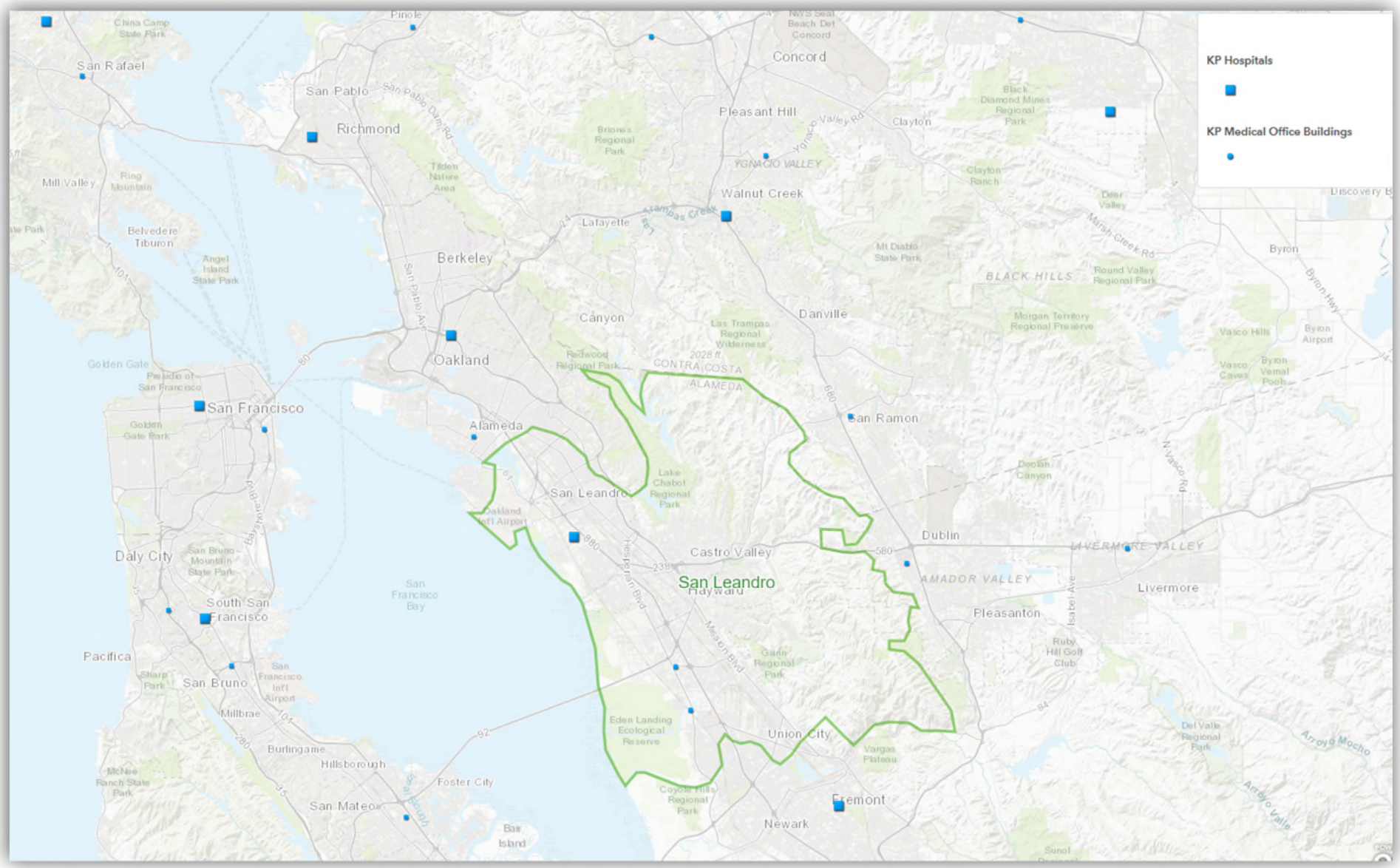
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	529,256
White	39.2%
Black/African American	13.0%
Asian	26.5%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	1.5%
Some Other Race	12.9%

Multiple Races	6.0%
Hispanic/Latino	35.1%
Total Living in Poverty (<100% FPL)	13.3%
Children Living in Poverty	19.5%
Unemployment Rate	2.9%
Uninsured Population	10.6%
Adults with No High School Diploma	18.4%

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



The KFH-San Leandro service area covers the southern part of Alameda County. The cities served include Castro Valley, Hayward (including the unincorporated areas of Ashland, Cherryland, and Fairview), San Leandro, San Lorenzo, and Union City.

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

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

1. Obesity, Diabetes, Healthy Eating, Active Living (Renamed Healthy Eating, Active Living)

Healthy diets, and achievement/maintenance of healthy body weights reduces 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 allow people to make healthier choices and live healthier lives.

2. 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 people 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 to 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 illnesses, such as depression and anxiety, affect 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.

3. Violence/Injury Prevention (Renamed Community and Family Safety)

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's *World Report on Violence and Health*. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

4. 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.

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

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

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 Leandro

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$27,958,385
Charity care: Medical Financial Assistance Program[b]	8,305,754
Grants and donations for medical services[c]	664,984
Subtotal	***$36,929,123***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$359,068
Grants and donations for community-based programs[e]	979,898
Community Benefit administration and operations[f]	377,728
Subtotal	***$1,716,695***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$2,445
Community Giving Campaign administrative expenses	28,349
Grants and donations for the broader community[h]	125,145
National board of directors fund	25,818
Subtotal	***$181,757***
Health Research, Education, and Training	
Graduate Medical Education	$111,369
Non-MD provider education and training programs[i]	489,660
Grants and donations for health research, education, and training[j]	32,143
Health research	1,008,386
Subtotal	***$1,641,559***
Total Community Benefits Provided	**$40,469,133**

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 Leandro'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 Leandro 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 Leandro. 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 57 grants totaling $572,419.33 that addressed Access to Care in the KFH-San Leandro service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 16,809 Medi-Cal members and 429 Charitable Health Coverage (CHC) members. And 5,938 individuals received Medical Financial Assistance (MFA).
		PHASE: Community Health Center Network (CHCN) received $170,00 of a three-year grant ($500,000, split with three KFH hospital service areas) to support the successful use of PHASE among member health center organizations. Strategies include supporting health centers' quality improvement and data infrastructure through training and sharing of best practices. CHCN members are reaching more than 37,000 patients through PHASE and 75% of their patients with diabetes and 70% of those with hypertension have their blood pressure controlled.
		211: Eden I&R, Inc. received a $50,000 grant (split with three KFH hospital service areas) to support 211, a free, 24/7 multilingual phone service that links callers to vital health, housing, and human services by providing information and referrals to resources and programs throughout Alameda County. To date, 211 has received a total of 17,456 calls and provided 28,484 housing, health, and human services referrals.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Care for seniors: KFH-Fremont awarded $50,000 grant (even split with KFH-San Leandro) to Community Resources for Independent Living to implement the Care Transition Intervention/Device Lending Library Service, which provides at-risk seniors and disabled people with the skills and tools needed for a successful transition from the hospital to their home. A total of 400 seniors or people with disabilities will receive access to medical equipment and education on the equipment needed for their transition.
		Navigation: KFH-San Leandro awarded a $45,150 grant to Downtown Street Team to provide homeless individuals basic needs, stipends, and service navigation to help them meet goals related to their medical, legal, and social well-being
Healthy Eating Active Living	and 2018, there were 31 grants totaling $434,278.90 that addressed Healthy Eating Active Living in the KFH-San Leandro service area	**Afterschool physical activity**: KFH-San Leandro awarded a $25,000 grant to America Scores Bay Area's Soccer for Success program to improve physical fitness among students in Hayward Unified School District using a curriculum-based out-of-school program. Soccer for Success will reduce BMI, increase fitness levels, and improve healthy behavior for 200 students in 10 elementary and middle schools.
		Nutrition program: KFH-San Leandro awarded a $30,000 grant to La Clínica De La Raza, Inc. for its Eating Better Moving More program, which brought nutrition/cooking programming and health coaching to Fuente Wellness Center and San Lorenzo Health Center. Since December 2018, 22 members participated in 29 meetings on topics such as food groups, managing calorie intake, diabetes, and gym workouts. In addition, 21 nutrition health coach visits were held and 21 participants completed health plans.
		Hypertension management: KFH-San Leandro awarded a $29,984 grant (even split with KFH- Fremont) to the American Heart Association for Check. Change. Control., its evidence-based hypertension management program that utilizes blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health. The program increases access to care and healthy food to manage high blood pressure for 100 Spanish-speaking adults with hypertension. Trained promotores will educate an additional 200 Spanish-speaking individuals through outreach.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		CalFresh: Tiburcio Vasquez Health Center, Inc. received a $95,000 grant (even split with KFH-Fremont) to build staff capacity to conduct CalFresh outreach and enrollment targeted to working low-income households and seniors, and to strengthen its application assistance infrastructure. To date, promotoras and volunteers have conducted 51 outreach activities reaching 1,064 people. Promotoras have screened 291 community members for food insecurity and referred 48 individuals to enroll in Calfresh.
		Parks: Hayward Area Recreation & Park District Foundation received a $75,000 grant (even split with KFH-Fremont) to create and build Mia's Dream Come True, an all-inclusive playground with a focus on residents with disabilities. Once completed, the park is projected to serve approximately 50,000 users annually.
Mental Health & Wellness	In 2018, there were 21 grants totaling $319,344.47 that addressed Mental Health and Wellness in the KFH-San Leandro service area.	**Mindfulness**: KFH-San Leandro awarded a $40,000 grant to Niroga Institute for its Dynamic Mindfulness (DMind) program, a trauma-informed intervention for students, parents, and staff to increase their social-emotional wellness. Since December 2018, 150 students were served at Hillside, and 15 teachers and the principal at Washington Manor completed a six-hour DMind training course. Survey results indicate 80% of students reported that DMind makes them feel calm and happy. All teachers reported being better able to manage stress, anger, and anxiety, and having more control over their actions.
		Trauma support group: KFH-San Leandro awarded a $30,000 grant to Castro Valley Unified School District to launch a trauma support group at the Castro Valley High Wellness Center. The program will implement three 12-week trauma support groups using cognitive behavioral intervention for trauma in schools to help students overcome PTSD, depression, physical abuse, and violence by providing coping skills and healing. The program will reach 72 high-risk students.
		Mental health support: KFH- San Leandro awarded $30,000 grant (even split with KFH-Fremont) to Mujeres Unidas Y Activas for its Sanando el Alma (Healing the Soul), a program that provides culturally relevant behavioral health interventions in Spanish. Since December 2018, 76 immigrant women received specialized support group services that aid survivors of violence and sexual assault to address trauma. In addition, 38 women received culturally and linguistically relevant peer counseling sessions and 16 of them received referrals to additional services.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Stigma: La Familia received a $90,000 grant to reduce mental health stigma among Latinos, particularly Latina mothers, by changing cultural narratives on mental health and wellness. La Familia plans to reach 150 mothers through community education and outreach.
		Resilience: Seneca Family of Agencies received a $98,000 grant (even split with KFH-Fremont) to partner with Hayward High School to provide students with access to trauma-informed mental health services; faculty and staff with support needed to cope with vicarious trauma; and school administrators with support to implement trauma-informed practices schoolwide. To date, the Wellness Center has directly served 100 students and 25 families, and more than 100 staff have been engaged in the effort.
Community and Family Safety	During 2018, there were 22 grants totaling $319,535.00 that addressed Community and Family Safety in the KFH-San Leandro service area.	**Tattoo removal**: KFH-San Leandro awarded a $50,000 grant (even split with KFH-Fremont) to Eden Youth & Family Center's New Start Tattoo Removal Program, which offers bimonthly laser tattoo removal treatments to youth 13 to 25 in southern Alameda County. The program also provides case management, and involves youth in community service, job training, and education. The program will reach 200 youth. Tattoo removals are held at KFH-Hayward and KFH-Union City and lead by a Kaiser Permanente physician.
		Peer mentorship: KFH-San Leandro awarded a $40,000 grant (even split with KFH-Fremont) to East Bay Family Defenders' Mentor Parent pilot program to provide dependency court-involved parents with peer mentorship and recovery support. The program engages parents in stabilizing or reunifying their family to prevent or minimize foster care placement. Since December 2018, the program has served 23 parents. And a six-week parent support group, The Real Talk, was developed and is scheduled to begin in February of 2019.

Kaiser Foundation Hospital – Northern California Region

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

SAN RAFAEL

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

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III. KFH-San Rafael Community Served

A. Kaiser Permanente's Definition of Community Served

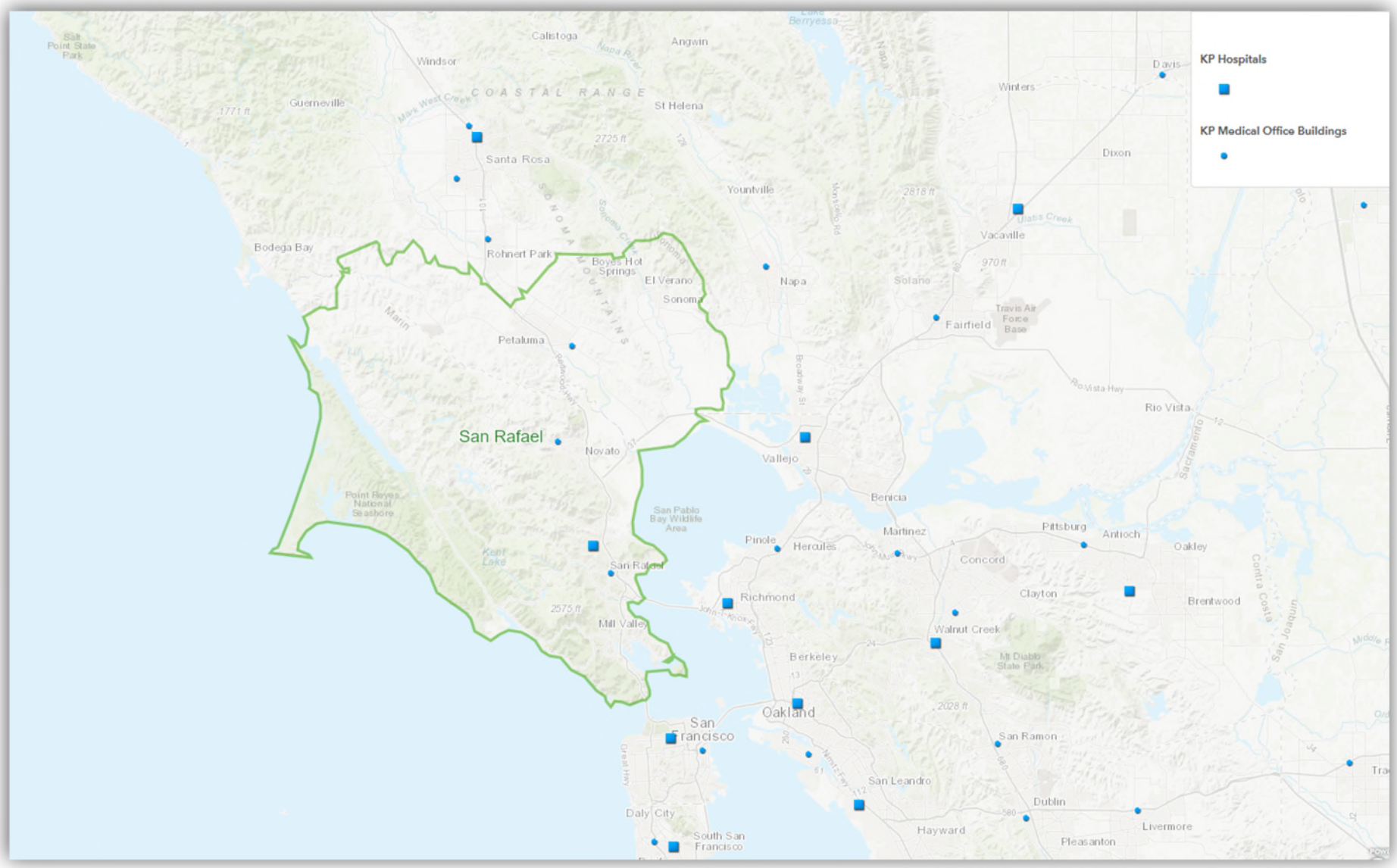
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	368,184
White	79.3%
Black/African American	1.9%
Asian	4.9%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	9.2%

Multiple Races	4.2%
Hispanic/Latino	18.0%
Total Living in Poverty (<100% FPL)	8.5%
Children Living in Poverty	10.6%
Unemployment Rate	2.4%
Uninsured Population	7.2%
Adults with No High School Diploma	8.4%

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



The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

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

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

1. Healthy Eating, Active Living

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. In Marin County, an estimated 17.5% of adults are obese (compared to 22.3% of adults in California), and 30.8% are overweight (compared to 35.9% in California overall). Among youth, 8.7% are obese (compared to 19.0% in California overall) and 16.3% are overweight (compared to 19.3% in California overall). Access to healthy food was identified as a concern, particularly in specific areas of the county. Since economic disadvantage is strongly linked to barriers that inhibit healthy consumption of foods and an active lifestyle, low-income residents, as well as youth and older adults, are disproportionately affected by this health need. Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed and low income.

Certain populations in Marin are disproportionately at risk for health issues related to healthy eating and active living. For instance, while only 18.2% of non-Hispanic white youth and 19.2% of Asian youth are physically inactive, 37.9% of non-Hispanic black youth and 41.4% of Hispanic/Latino youth are physically inactive. Interviewees noted that children and adolescents are a particularly vulnerable population because developing healthy habits during youth sets the foundation for healthy eating and active living during adulthood.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria, most notably KP expertise and the ability to leverage organizational assets, and because it aligned with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

Ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize the prevention, early intervention, and treatment of health conditions.

With the implementation of the ACA, most adults in Marin County have access to insurance coverage and regular health care. However, disparities persist. Specifically, lower-income residents have difficulty accessing specialty care services and mental health services, particularly outpatient services, and public insurance is not accepted by many physicians in the county. In addition, many providers who see low-income patients are at capacity. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations. Only 84.2% of kindergarteners in the county enter school with all required immunizations (compared to 90.4% in California overall).

KFH San Rafael has selected to address this health need because it received a high score across all selection criteria, most notably with respect to CHNA prioritization, ability to leverage organizational assets, feasibility, and, existing or promising practices. Selecting this health need also ensured alignment with Kaiser Permanente regional priorities.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, has profound consequences on health behavior choices and physical health. Mental health and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term behavioral health. Mental health was raised as a high concern for all residents, especially youth and older adults. Most notably, Marin residents have a high risk of suicide. 12.8 per 100,000 county residents die by committing suicide (compared to 9.8 per 100,000 in California overall), and 18% of eleventh grade students report having seriously considered suicide in the past month. Residents and stakeholders noted challenges in obtaining mental health care, including that the spectrum of services is limited and that stigma may prevent individuals from seeking professional treatment. Populations that were disproportionately affected by behavioral health issues included children 0-5 and older adults, and Latino residents, residents of geographically isolated communities, and residents of Canal.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Marin County, substance abuse was identified as a concern, particularly with respect to misuse of prescription drugs. Among RxSafe Marin Survey respondents, 48.1% report that they feel it would be very or somewhat easy to obtain prescription pain, sleep, or calming medication from a doctor in their community. Among eleventh grade students, 48.7% self-report ever having been “high” from drug use (compared to 38.3% in California overall), and 16% report having used prescription painkillers for non-medical reasons (compared to 19% in California overall).

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who ranked this need high with respect to disparities/equity and ability to leverage organizational assets. This health need also aligns with regional Kaiser Permanente priorities.

4. Education

Educational attainment is strongly correlated with health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are more likely to live longer, practice healthy behaviors, experience better health outcomes, and raise healthier children.

In Marin County, English Language Learners are a population of particularly high concern with respect to educational attainment. Only 26% of tenth grade English Language Learners passed the California High School Exit Exam in English Language Arts (compared to 89% among all students in Marin County); only 37% passed in Mathematics (compared to 90% among all students in Marin County). For all students in the county, pressure to succeed academically and bullying in schools were also raised as issues of high concern.

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who emphasized the importance of this need with respect to disparities/equity and existing or promising practices. In discussion, the Contributions Committee

also emphasize that this need was highlighted in community data collected during the CHNA, and thus was important to address through implementation strategies to be responsive to the needs and priorities of community residents.

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

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

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 Rafael

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$10,831,811
Charity care: Medical Financial Assistance Program[b]	3,920,673
Grants and donations for medical services[c]	233,966
Subtotal	***$14,986,451***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$58,273
Grants and donations for community-based programs[e]	632,703
Community Benefit administration and operations[f]	216,492
Subtotal	***$907,468***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,401
Community Giving Campaign administrative expenses	16,248
Grants and donations for the broader community[h]	85,314
National board of directors fund	14,797
Subtotal	***$117,760***
Health Research, Education, and Training	
Graduate Medical Education	$123,238
Non-MD provider education and training programs[i]	1,160,742
Grants and donations for health research, education, and training[j]	32,143
Health research	577,949
Subtotal	***$1,894,072***
Total Community Benefits Provided	**$17,905,752**

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 Rafael'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 Rafael 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 Rafael. 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 36 grants totaling $360,785.64 that addressed Access to Care in the KFH-San Rafael service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 8,658 Medi-Cal members and 489 Charitable Health Coverage (CHC) members. And 3,068 individuals received Medical Financial Assistance (MFA).
		Access to care programs: KFH San Rafael awarded $40,000 in grants to improve access to care for vulnerable populations: A. $20,000 was granted to RotaCare Clinic of San Rafael to provide free medical care to relieve the pain and suffering of those with the greatest need and the least access to health care resources. More than 600 patient visits were provided, and a new electronic health record/ practice management system was rolled out during the first quarter of grant funding. B. $20,000 was awarded to La Luz Community Cares Program to provide wraparound support for Medi-Cal enrollment assistance in Spanish and access to clinical services through a partnership with local community clinics. This funding supports enrollment of more than 100 community members in Covered CA or Medi-Cal and provides free health care resources to more than 1,000 people.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		PHASE: Redwood Community Health Coalition (RCHC) received a three-year $500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include developing a self-measured blood pressure monitoring program and facilitating peer sharing around quality improvement practices. RCHC is reaching more than 25,000 patients through PHASE; 74% of its patients with diabetes and 68% of patients with hypertension have their blood pressure controlled.
		Operation Access: Operation Access received a $350,000 grant (even 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.
		211: In 2018, United Way of the Bay Area received a $95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the 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 the 211 Bay Area website.
Healthy Eating Active Living	In 2018, there were 19 grants totaling $224,878.57 that addressed Healthy Eating Active Living in the KFH-San Rafael service area.	**Childhood Obesity**: $50,000 in grant funding was provided to two local nonprofits addressing childhood obesity prevention: A. North Bay Children's Center received a $25,000 grant for its Garden of Eatin' obesity prevention program, which has reached 85 NBCC teachers and staff, and 329 children and parents using a garden to table curriculum at early learning centers. B. Marin Child Care Council received a $25,000 grant to recruit and coach 30+ HEAL champions in early childhood programs throughout Marin. The project will have a ripple effect, providing students, staff, and parents increased access to healthy high-quality foods, empowerment to make healthy choices, and an understanding that active living is an essential component of lifelong wellness.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		CalFresh: Redwood Community Health Coalition (RCHC) received a $95,000 grant (even split with KFH-Santa Rosa) to increase CalFresh participation by building health center capacity for outreach and in-reach. To date, outreach efforts have included staff presentations to service providers, tabling at health hubs, senior events and farmers markets. RCHC expects to assist 5,000 health center patients who are enrolled in Medi-Cal to enroll in CalFresh.
Mental Health & Wellness	In 2018, there were 14 grants totaling $115,995.99 that addressed Mental Health and Wellness in the KFH-San Rafael service area.	**Substance abuse prevention**: Youth Leadership Institute (YLI) received $30,000 to address alcohol, tobacco, and other drug prevention in youth populations with a special focus on cannabis, parent norms, and vaping. This project reaches YLI coalition members, San Rafael parents and youth, decision makers and youth leaders from across Marin County through coalition work and peer-to-peer education.
		Substance abuse prevention: Huckleberry Youth Programs of Marin received $30,000 to support its substance misuse prevention and reduction programming. By the end of the grant period, Huckleberry will have reached 1,125 Marin youth with vital prevention education and engaged 50 youth in brief intervention, outpatient treatment, and/or mental health services to reduce and/or eliminate use.
		Stigma: North Marin Community Services (NMCS) received a $90,000 grant to implement a Spanish-language stigma-reduction media campaign and to train community influencers to educate Latino men about the role of mental health in overall health. NMCS expects to train 50 Latino community influencers to provide education and referrals to low-income Latinos and plans to reach 15,000 Latinos through online and print media campaigns with the goal to reduce stigma and increase access to mental health services.
Education	In 2018, there were 68 grants totaling $294,291.69 that addressed Education in the KFH-San Rafael service area.	**Financial aid**: 10,000 Degrees received $20,000 to support its College Access Program, which has served approximately 60 high school seniors at San Rafael and Terra Linda high schools. In addition, more than 1,400 students and families in San Rafael School District received financial aid workshops, including Free Application for Federal Student Aid (FAFSA) and Dream Act application completion workshops as well as college information workshops.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Early childhood education: Community Action Marin received $38,610 to support the Early Childhood Education Community Workforce Project (ECECWP), an alliance to help incoming early childhood education teachers advance professionally and academically through a variety of supports. More than15 community members will complete the education required to be hired in this field.
		University prep: Canal Alliance received $20,000 for its University Prep (UP!) program. In Spring 2018, UP! celebrated the graduations of all nine of its high school seniors who will attend the following schools in the 2018-2019 school year: Biola University, Humboldt State University, Sacramento State University, San Francisco State University, Santa Rosa Junior College, and University of California Merced. UP! will continue its successful middle and high school programs, with 76 participating students, during the 2018-2019 school year.

Kaiser Foundation Hospital – Northern California Region

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

SANTA CLARA

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

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III. KFH-Santa Clara Community Served

A. Kaiser Permanente's Definition of Community Served

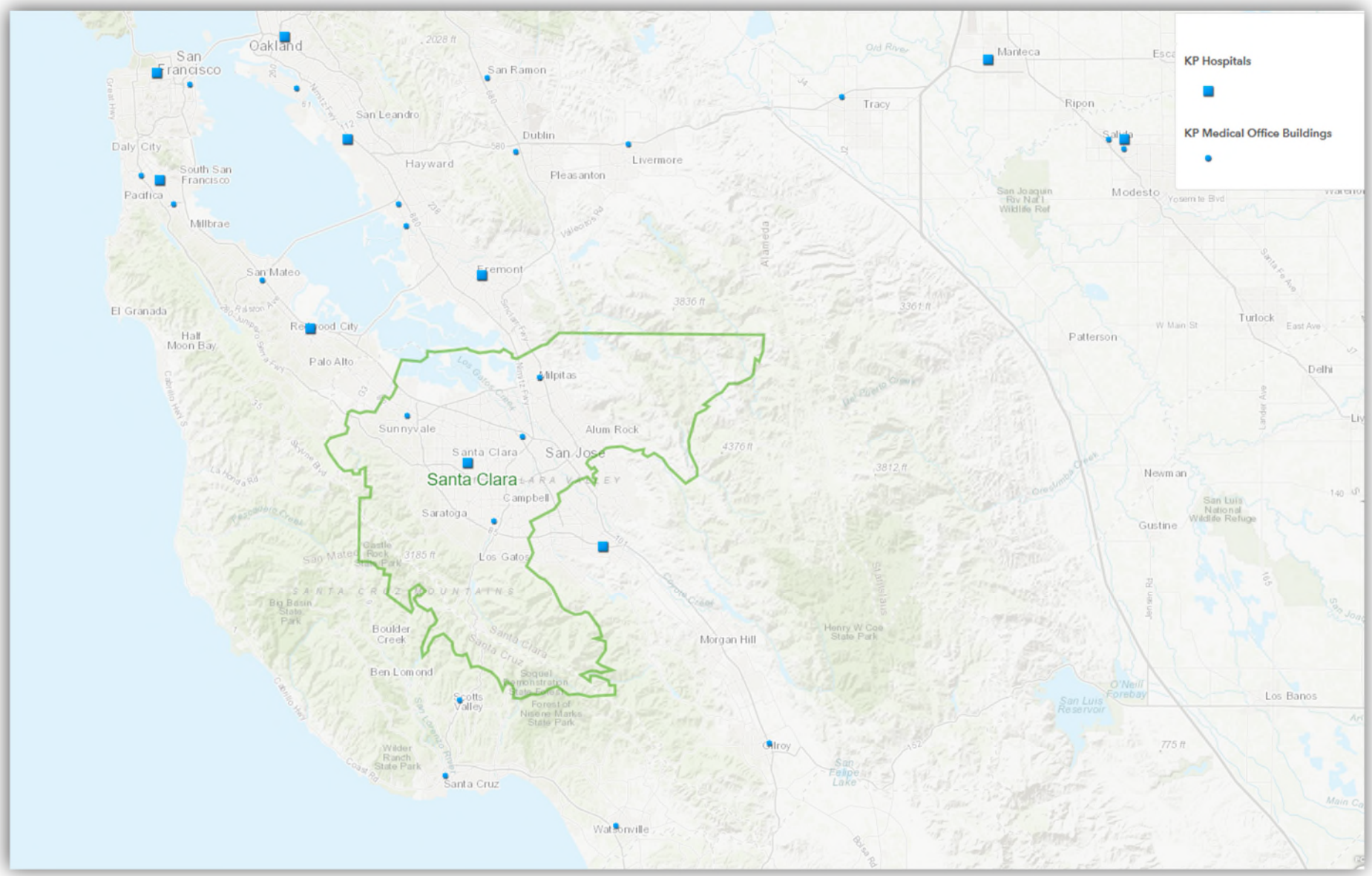
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Santa Clara

Total Population	1,299,751
White	44.2%
Black/African American	2.5%
Asian	36.4%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.4%
Some Other Race	11.6%

Multiple Races	4.4%
Hispanic/Latino	24.9%
Total Living in Poverty (<100% FPL)	9.6%
Children Living in Poverty	10.6%
Unemployment Rate	2.6%
Uninsured Population	7.9%
Adults with No High School Diploma	12.7%

C. Map and Description of Community Served by KFH-Santa Clara



The KFH-Santa Clara service area comprises roughly the northwest half of Santa Clara County. Cities in this area include Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, Santa Clara, Saratoga, and Sunnyvale.

IV. Description of Community Health Needs Addressed by KFH-Santa Clara

KFH-Santa Clara'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-Santa Clara 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-Santa Clara 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. Mental Health & Wellness

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 to 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 illnesses, such as depression and anxiety, affect 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.

3. Healthy Eating, Active Living

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 allow people to make healthier choices and live healthier lives.

4. Community and Family Safety

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's World Report on Violence and Health. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

5. Education

Educational attainment is strongly correlated with health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are more likely to live longer, practice healthy behaviors, experience better health outcomes, and raise healthier children.

In Marin County, English Language Learners are a population of particularly high concern with respect to educational attainment. Only 26% of tenth grade English Language Learners passed the California High School Exit Exam in English Language Arts (compared to 89% among all students in Marin County); only 37% passed in Mathematics (compared to 90% among all students in Marin County). For all students in the county, pressure to succeed academically and bullying in schools were also raised as issues of high concern.

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who emphasized the importance of this need with respect to disparities/equity and existing or promising practices. In discussion, the Contributions Committee also emphasize that this need was highlighted in community data collected during the CHNA, and thus was important to address through implementation strategies to be responsive to the needs and priorities of community residents.

V. 2018 Year-End Results for KFH-Santa Clara

A. 2018 Community Benefit Financial Resources Provided by KFH-Santa Clara

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-Santa Clara

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$23,405,058
Charity care: Medical Financial Assistance Program[b]	9,889,111
Grants and donations for medical services[c]	460,000
Subtotal	***$33,754,169***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$64,100
Grants and donations for community-based programs[e]	916,383
Community Benefit administration and operations[f]	619,925
Subtotal	***$1,600,408***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$4,013
Community Giving Campaign administrative expenses	46,527
Grants and donations for the broader community[h]	90,923
National board of directors fund	42,372
Subtotal	***$183,834***
Health Research, Education, and Training	
Graduate Medical Education	$10,603,342
Non-MD provider education and training programs[i]	977,319
Grants and donations for health research, education, and training[j]	42,793
Health research	1,654,955
Subtotal	***$13,278,409***
Total Community Benefits Provided	**$48,816,820**

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-Santa Clara'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-Santa Clara 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-Santa Clara. 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 34 grants totaling $479,162.00 that addressed Access to Care in the KFH-Santa Clara service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 15,932 Medi-Cal members and 306 Charitable Health Coverage (CHC) members. And 6,685 individuals received Medical Financial Assistance (MFA).
		PHASE: Santa Clara Valley Medical Center (SCVMC) received a three-year $500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE, through efforts such as validating data, using group visits for patients with chronic disease, and developing a robust diabetes care management program. SCVMC is reaching almost 14,500 patients through PHASE; 66% of its patients with diabetes and 66% of those with hypertension have their blood pressure controlled.
		211: United Way of the Bay Area received a $95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the website. In the six Bay Area counties, it is expected that the 211 staff will answer 50,000 calls and texts and 60,000 users will visit the 211 Bay Area website.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Oral Health: On-Site Dental Care Foundation was awarded a $50,000 grant (even split with KFH-San Jose) to provide oral health services and education to vulnerable adult populations with little or no access to dental care. On-Site Dental Care partnered with community organizations serving targeted populations for patient referrals and aimed to improve oral health habits for 1,000 adults.
		Patient navigation: School Health Clinics of Santa Clara County was awarded $50,000 (even split with KFH-Santa Jose) to implement a patient navigator project, which was designed to break down barriers, including language, transportation, and lack of health care coverage, that inhibit people from gaining access to care. The patient navigators worked with 1,750 low-income patients and supported ongoing access to medical and behavioral health care in high-risk areas of Santa Clara County
Healthy Eating Active Living	In 2018, there were 23 grants totaling $337,795.24 that addressed Healthy Eating Active Living in the KFH-Santa Clara service area.	**CalFresh**: Second Harvest Food Bank of Santa Clara and San Mateo Counties received a $95,000 grant (even split with three KFH hospital service areas) to create an incentive system that encourages its partner agencies to increase the number of CalFresh applicants by increasing referrals to the food bank. To date, the outreach team has submitted 468 applications, 293 applications were approved, and 24 partnering agencies have submitted 94 CalFresh applications.
		Parks: Magical Bridge Foundation received a $75,000 grant to build an all-inclusive playground designed to meet the needs of children of all physical, mental, social, and emotional abilities. More than 350 business and individuals and more than 35 schools have contributed to the fundraising effort. To date, $3.5 million has been secured toward a $4.5 million project. Once complete, the playground is projected to attract approximately 20,000 users annually.
		Childhood obesity: Healthier Kids Foundation of Santa Clara County was awarded a $20,000 grant (even split with KFH-San Jose) that supported delivery of the 10 Steps to a Healthier You program to 235 parents and caregivers in Santa Clara County. The workshops focused on implementing healthy, active lifestyles in the home to prevent childhood and adolescent obesity.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Food security: San Francisco Planning & Urban Research Association (SPUR) was awarded a $40,000 grant (even split with KFH-San Jose) to support its Double Up Food Bucks California program, which reduces food insecurity and improves nutrition by making fruits and vegetables more affordable for low-income families participating in CalFresh. The program provided monetary supplements to 17,000 CalFresh participants who buy fruits and vegetables at participating local grocery stores.
		Youth program: Boys and Girls Clubs of Silicon Valley received a $25,000 grant (even split with KFH-San Jose) to implement FitKidz, a program that serves some of the most under-resourced communities in Santa Clara County. FitKidz addresses the unmet health and life skills needs of at-risk youth by offering activities that promote wellness and positive health habits through diet, physical fitness, pro-social activities, and resistance skills mastery. The program engaged 700 young participants.
Mental Health & Wellness	In 2018, there were 22 grants totaling $379,677.81 that addressed Mental Health and Wellness in the KFH-Santa Clara service area.	**Stigma**: Caminar received a $90,000 grant (even split with KFH-San Jose) to empower LGBTQ youth and adults to share their stories with the aim of reducing stigma and increasing public understanding that mental health is a part of overall health. Caminar expects to train 20 LGBTQ community members to serve on a speakers bureau and present to professionals who interact with the LGBTQ community.
		Opioid abuse prevention: Community Health Partnerships was awarded a $50,000 grant (even split with KFH-San Jose) to support population health strategies for the prevention of opioid abuse. The project targeted high-risk patients for opioid management, based on best practices, with the goal of preventing adverse clinical outcomes and mitigating health care costs. The program reached 150 patients.
		Peer mentorship: National Alliance on Mental Illness Santa Clara County (NAMI) received a $30,000 grant (even split with KFH-San Jose) to support community peer mentoring programs that provide peer support to Santa Clara County residents who suffer from severe and persistent mental illness. The program reached 500 participants and reduced loneliness and isolation, improved self-care, and increased engagement in treatment and recovery.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Substance abuse: Uplift Family Services received a $45,000 grant (even split with KFH-San Jose) for its Addiction Prevention Services (APS). APS programming achieves excellent outcomes in preventing dangerous behavior in at-risk youth and educating students on substance abuse. APS supported parents and teachers challenged with youth behavior issues. The program served 1,190 students, staff, and family members in 20 Santa Clara County schools.
Community and Family Safety	In 2018, there were 15 grants totaling $186,516.00 that addressed Community and Family Safety in the KFH-Santa Clara service area.	**Domestic violence**: Destination Home Silicon Valley received a $50,000 grant (even split with KFH-San Jose) to connect the Domestic Violence Advocacy Consortium of Santa Clara County to Destination Home's Homelessness Prevention System through a common intake process that prioritizes the most vulnerable victims of domestic violence (DV) for limited shelter beds. The project integrates existing DV service providers into a coordinated entry system, which allows their clients to gain access to more and supportive services. More than 20,000 residents were reached through this effort.
		Domestic violence: Next Door Solutions to Domestic Violence received a $40,000 grant (even split with KFH-San Jose) that provided crisis and support services for 1,800 victims of sexual dating violence and intimate partner violence. To ensure greater safety for survivors and their children, the program provides counseling, risk management, evaluation, safety planning, and linkages to appropriate additional services.
		School climate: YMCA of Silicon Valley/Project Cornerstone received a $50,000 grant (even split with KFH-San Jose) to create safe school communities. For children attending Santa Clara County's Title 1 pre, elementary, and middle schools, the project provides student workshops, parent education and engagement programs, and staff training, helping to reduce school violence and to build safe and caring school environments. More than 5,000 students, parents, and staff were impacted by this programming.

Kaiser Foundation Hospital – Northern California Region

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

SANTA ROSA

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

III. KFH-Santa Rosa Community Served

A. Kaiser Permanente's Definition of Community Served

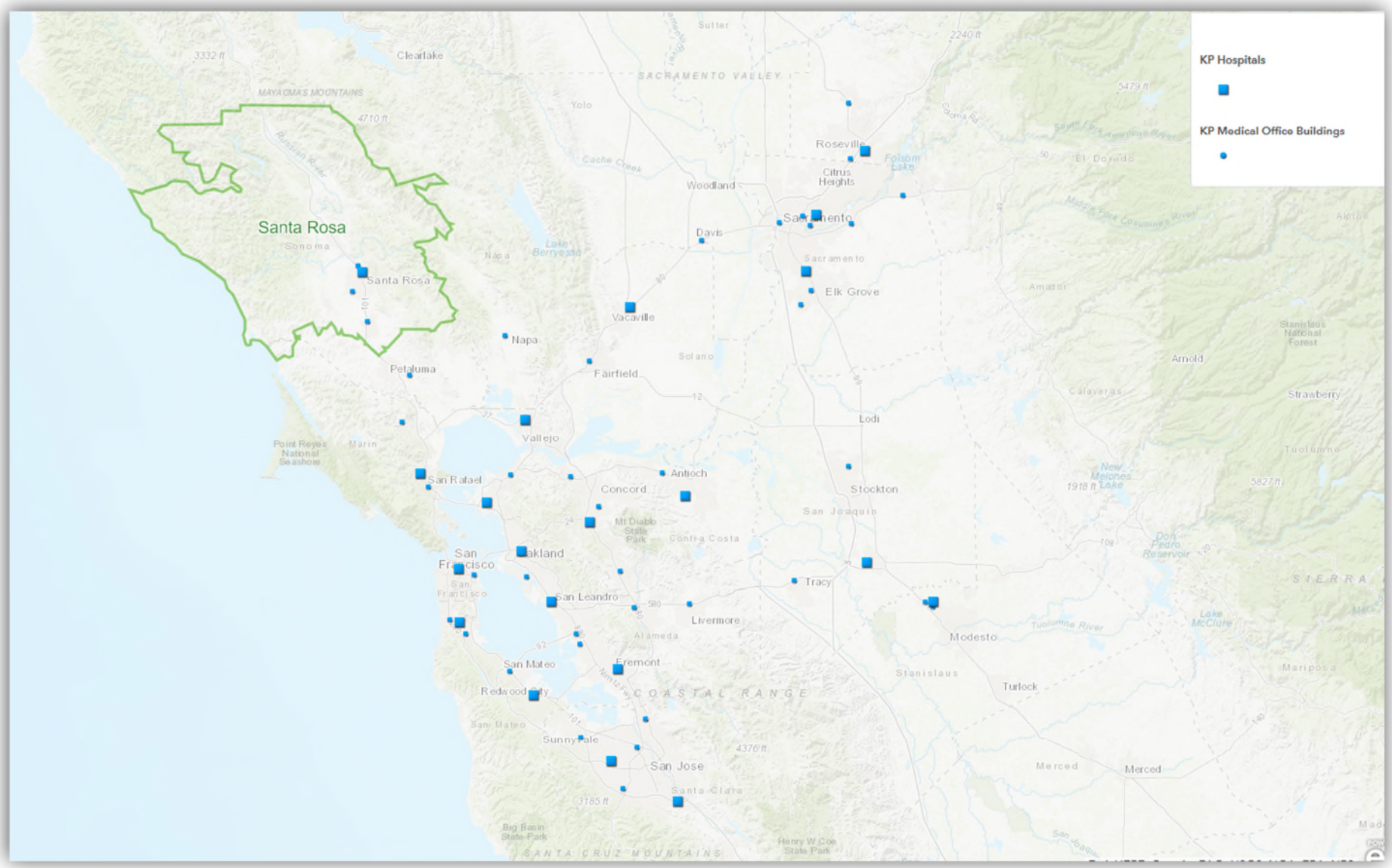
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Santa Rosa

Total Population	394,030
White	75.2%
Black/African American	1.7%
Asian	4.1%
Native American/ Alaskan Native	1.2%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	11.9%

Multiple Races	5.4%
Hispanic/Latino	27.2%
Total Living in Poverty (<100% FPL)	11.7%
Children Living in Poverty	13.8%
Unemployment Rate	2.8%
Uninsured Population	10.4%
Adults with No High School Diploma	13.2%

C. Map and Description of Community Served by KFH-Santa Rosa



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

IV. Description of Community Health Needs Addressed by KFH-Santa Rosa

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

1. Healthy Eating/Active Living

Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and Type 2 diabetes.

In Sonoma County, an estimated 25.4% of adults are obese and 37.9% are overweight. Among youth, 17.5% are obese and 20.0% are overweight. Busy lifestyles and the high cost of living compete with purchasing and cooking healthy food. Lack of physical activity was also noted as a driver of obesity and diabetes, in part due to a lack of affordable exercise options.

Certain populations in Sonoma County are disproportionately affected by overweight/obesity and by lack of access to healthy food. For instance, while 59.9% of non-Hispanic white and 13.5% of Asian residents are overweight or obese, 82.4% of Hispanic/Latino residents are overweight or obese. In addition, interviewees noted a high prevalence of diabetes among Hispanic/Latino populations. Interviewees and focus group participants noted that healthy food options are particularly lacking south of Santa Rosa and in the city of Sebastopol.

This health need was recommended for selection by the Contribution's Committee because it received a high score across all selection criteria, most notably with respect to KP expertise, feasibility, and the ability to leverage organizational assets. Further, selecting this health need ensures alignments with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

The ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize prevention, early intervention, and treatment of health conditions. With implementation of the Affordable Care Act (ACA), many adults in Sonoma County are able to obtain insurance coverage and access regular health care. However, disparities persist. Specifically, lower income residents have difficulty accessing care, as many remain uninsured due to high premium costs, and those with public insurance face barriers to finding providers who accept Medi-Cal. Foreign-born residents who are not U.S. citizens also face stark barriers in obtaining insurance coverage and accessing care. While only 10.0% of Sonoma County residents are uninsured, 18.7% of residents earning below 138% of the federal poverty level and 34.2% of foreign-born residents who are not U.S. citizens do not have insurance coverage. Among those who do have insurance coverage, primary data identified other barriers to accessing care including that there are not enough primary health care providers in Sonoma County to meet the high demand. Others noted difficulties in navigating the care delivery system in an efficient way.

KFH Santa Rosa chose to address this health need because it received a high score from the Contributions Committee across all selection criteria, most notably with respect to existing or promising practices, ability to leverage organization assets, and ability to leverage community assets. Selecting this health need also aligned with Kaiser Permanente regional priorities.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression, or post-traumatic stress disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, Sonoma residents have a high risk of suicide: 12.3 per 100,000 county residents die by committing suicide, compared to 9.8 per 100,000 residents on average in California. Depression is also a concern, as 31.3% of youth and 14.1% of Medicare beneficiaries are depressed. Residents and stakeholders noted challenges in obtaining mental health care, including that preventive mental health care and screening is limited, and that stigma may prevent individuals from seeking professional treatment. Youth and residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Sonoma County, substance abuse was identified as a concern, particularly with respect to alcohol consumption. Among adults, 21.3% of residents report heavy alcohol consumption. Youth were noted as a high-risk population, and data indicates that in the prior 30 days, 13.8% of 11th grade students reported using cigarettes and 28.0% reported using marijuana. And 24.4% of 11th grade students reported ever having driven after drinking. In addition to youth, residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

KFH Santa Rosa chose to address this health need at the recommendation of the Contributions Committee, which ranked this need high with respect to KP expertise, ability to leverage organization assets, and feasibility.

4. Early Childhood Development

Child development includes the rapid emotional, social, and mental growth that occurs during gestation and early years of life. Adversities experienced in early life include exposure to poverty; abuse or violence in the home; limited access to appropriate learning materials and a safe, responsive environment in which to learn; or parental stress due to depression or inadequate social support. Such adversity may threaten appropriate development.

Exposure to early adversity is pervasive in Sonoma County. Among adults in Sonoma and Napa counties (combined for stability), 22.0% report having experienced four or more unique adverse childhood experiences (ACEs) before age 18, which may include childhood abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, and living with substance abusing, mentally ill, or criminal household members. Key themes among residents and stakeholders included the high cost of living and high cost of child care in Sonoma County, as well as the importance of quality early education and home stability on development among young children.

KFH Santa Rosa chose to address this health need at the recommendation of the Contributions Committee, which highlighted the importance of this health need with respect to disparities/equity. As this was the most highly prioritized health need during the CHNA

process and was strongly emphasized as an important need in data collected during the CHNA process, the Contributions Committee and KFH Santa Rosa leadership selected this need to be responsive to community resident needs and community partners' input.

V. 2018 Year-End Results for KFH-Santa Rosa

A. 2018 Community Benefit Financial Resources Provided by KFH-Santa Rosa

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-Santa Rosa

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$21,427,009
Charity care: Medical Financial Assistance Program[b]	9,604,664
Grants and donations for medical services[c]	529,078
Subtotal	***$31,560,751***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$64,163
Grants and donations for community-based programs[e]	1,523,959
Community Benefit administration and operations[f]	265,051
Subtotal	***$1,853,174***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,716
Community Giving Campaign administrative expenses	19,893
Grants and donations for the broader community[h]	279,599
National board of directors fund	18,116
Subtotal	***$319,324***
Health Research, Education, and Training	
Graduate Medical Education	$827,458
Non-MD provider education and training programs[i]	692,624
Grants and donations for health research, education, and training[j]	32,143
Health research	708,227
Subtotal	***$2,260,452***
Total Community Benefits Provided	**$35,993,701**

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-Santa Rosa'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-Santa Rosa 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-Santa Rosa. 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 37 grants totaling $518,564.30 that addressed Access to Care in the KFH-Santa Rosa service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 17,009 Medi-Cal members and 550 Charitable Health Coverage (CHC) members. And 6,926 individuals received Medical Financial Assistance (MFA).
		Access to care programs: KFH Santa Rosa awarded $126,322 in grants to improve access to care for vulnerable populations. Key highlights: A. Community Action Partnership Sonoma County received $30,000 for its Save Our Smiles program to address the epidemic of dental disease in Sonoma County children by providing access to dental services and helping families overcome access barriers to dental care by providing services in schools and community locations. More than 1,100 students have received fluoride treatments and more than 600 have benefited from dental screenings. B. Jewish Community Free Clinic received $30,000 in general operating support to ensure free health care services are made available to anyone in need.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Operation Access: Operation Access received a $350,000 grant (even 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.
		211: Volunteer Center of Sonoma County, Inc. received a $50,000 grant to support 211 services that increase public benefit enrollment for low-income Sonoma County community members. The agency expects to enroll a minimum of 200 individuals in CalFresh and/or refer them to Medicare.
		PHASE: Redwood Community Health Coalition (RCHC) received a three-year $500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include developing a self-measured blood pressure monitoring program and facilitating peer sharing around quality improvement practices. RCHC is reaching more than 25,000 patients through PHASE; 74% of its patients with diabetes and 68% of patients with hypertension have their blood pressure controlled.
Healthy Eating Active Living	In 2018, there were 24 grants totaling $318,148.57 that addressed Healthy Eating Active Living in the KFH-Santa Rosa service area.	**Food insecurity**: Redwood Empire Food Bank (REFB) received a $25,000 grant to support fresh produce distribution. REFB's Harvest Pantry served a weekly average of 190 families and 215 children 0 to 6 across seven Sonoma County sites and distributed approximately 226,000 pounds of nutritious food, including 158,575 pounds (70%) of fresh produce to participating families weekly, in addition to offering a series of three bilingual nutrition education lessons focusing on healthy eating and activity for the whole family. By offering nutritious food, free of charge, with a focus on the prevention of iron-deficiency anemia and obesity in young children, the pantry makes a positive impact on the lives of low-income families in the community.
		Childhood Obesity: The Center for Well-Being received a $40,000 grant to implement safe and inclusive physical activity at school sites. Active Play Every Day provides 10 schools in low-income Sonoma County neighborhoods with training, resources, and support to integrate daily physical activity into the school day, and a strategy to combat childhood obesity and the development of chronic disease later in life. More than 6,000 students benefit from this program, increasing their daily movement.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		CalFresh: Redwood Community Health Coalition (RCHC) received a $95,000 grant (even split with KFH-Santa Rafael) to increase CalFresh participation by building health center capacity for outreach and in-reach. To date, outreach efforts have included staff presentations to service providers and tabling at health hubs, senior events, and farmers' markets. RCHC expects to assist 5,000 health center patients who are enrolled in Medi-Cal to enroll in CalFresh.
		Parks: Community Action Partnership (CAP) of Sonoma County received a $75,000 grant to make improvements to Roseland Elementary School community park and to offer programs designed to increase community use, particularly among low-income children and families. CAP collected baseline surveys from 306 community members to identify areas in need of improvement. Once complete, it is expected that park utilization will increase leading to greater community cohesion.
Mental Health & Wellness	In 2018, there were 32 grants totaling $1,004,442.65 that addressed Mental Health and Wellness in the KFH-Santa Rosa service area.	**Mental health services**: Social Advocates for Youth received a $35,000 grant to provide weekly therapeutic mental health services for up to 16 at-risk youth 18 to 24 enrolled in the agency's housing programs. The goal is to build socio-emotional skills and decrease mental health symptoms to help youth become self-sufficient.
		Community education: National Alliance for Mental Health (NAMI) received a $30,320 grant to support ongoing programs that build understanding of mental illness in community, teach warning signs, dispel misconceptions that contribute to the stigma that keeps people from seeking treatment, and provide support to families affected by mental illness. NAMI has been able to respond to more than 200 warm line callers – in addition to 50 wildfire survivors – within the first half of the reporting period.
		Safe Schools: Community Matters received a $15,000 grant to create safer school climates with improved social/emotional wellness by engaging, equipping, and empowering students to stand up and speak up when they witness bullying and cyber bullying. Funding supported the evidence-based Safe School Ambassadors (SSA) program at three Santa Rosa area schools.
		Stigma: Lifeworks of Sonoma County received a $90,000 grant to address mental health stigma and increase understanding of mental health and wellness among low-income Latino adolescents with dual diagnosed mental health conditions. Lifeworks will develop a bilingual parent education curriculum and launch a public education campaign. Lifeworks expects to reach 800 youth and families.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Resilience: Santa Rosa Community Health Centers received a $98,000 grant to support Elsie Allen High School to develop a trauma-informed school environment by providing behavioral health services to students, training teachers and staff on trauma-informed practices, and developing partnerships with new school leadership. The expected outcomes include increase referrals for services, improved coping skills among students and staff and increase awareness about mental/emotional health.
Early Childhood Education	In 2018, there were 67 grants totaling $476,791.37 that addressed Education, including Early Childhood Education, in the KFH-Santa Rosa service area.	**Nutrition education**: Community Child Care Council of Sonoma County received a $20,000 grant to provide nutrition workshops and training for staff, child care providers, and parents at 12 child care centers. A standardized curriculum, including food demos and tastings that utilized seasonal produce, was rolled-out at every childcare setting.
		Parent advocacy: The Living Room received a $24,200 grant to better serve families in Sonoma County who are homeless or at risk for homelessness through a parent advocacy training program focused on parenting strategies and child development. Monthly trainings are on track to benefit more than 300 children.
		Gym program: The kinder gym program at River to Coast Children's Services received a $20,000 grant to support language development, promote social-emotional skills, increase opportunities for fine and gross motor skills, and perceptual and cognitive development through a relationship-based approach for all children. This project has reached more than 143 unduplicated parents year-to-date.

Kaiser Foundation Hospital – Southern California Region

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

SOUTH BAY

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

III. KFH-South Bay Community Served

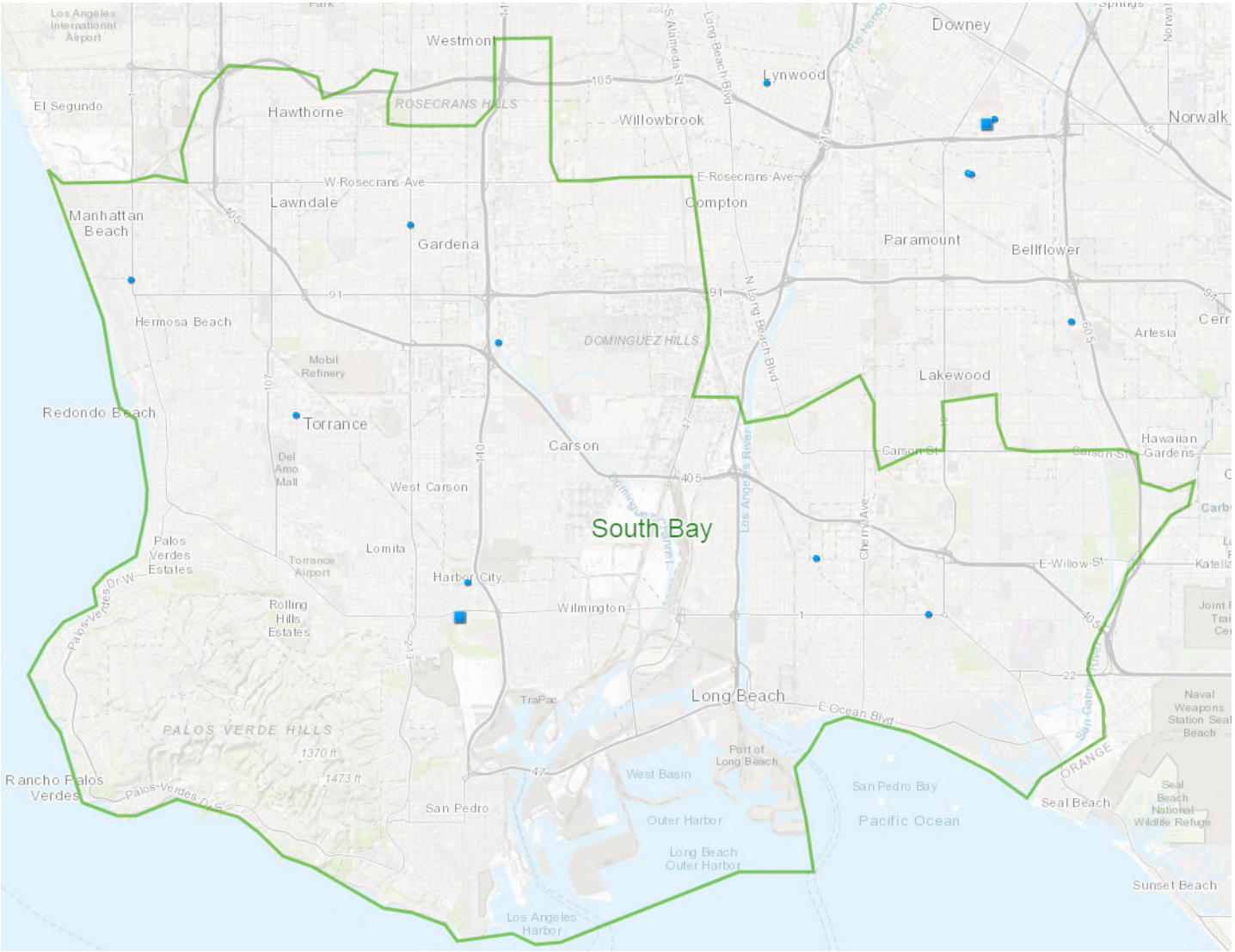
A. Kaiser Permanente's Definition of Community Served

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-South Bay service area includes (formerly KFH-Harbor City) service area includes: Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City/Harbor Gateway, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Rancho PalosVerdes, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

KFH-South Bay Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-South Bay 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	1,339,944	Living in Poverty (<100% Federal Poverty Level)	15.32%
Asian	15.75%	Children in Poverty	22.53%
Black	11.39%	Unemployment	4.1%
Hispanic/Latino	38.80%	Uninsured Population	13.06%
Native American/Alaska Native	0.23%	Adults with No High School Diploma	17.20%
Pacific Islander/Native Hawaiian	0.71%		
Some Other Race	0.29%		
Multiple Races	3.48%		
White	29.35%		

IV. Description of Community Health Needs Addressed by KFH-South Bay

The following are the health needs that KFH-South Bay 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

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. Access to care greatly impacts residents of the KFH-South Bay medical center service area. While residents of the KFH-South Bay Medical Center Service Area are slightly more likely to have access to a dentist, youth and adults alike are less likely to have had a recent dental exam. Residents also lack access to primary care physicians and mental health care providers relative to the rest of the state. The percentage of individuals obtaining health care screenings, such as mammograms and colonoscopies, as well as those adequately managing chronic diseases, such as diabetes and high blood pressure, tend to be lower than the rest of the state.

B. Economic Security

Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-South Bay medical center service area. The rate of unemployment is higher compared to the state indicating low economic security. Children in the KFH-South Bay Medical Center Service Area are more likely to live below the federal poverty level (FPL) than children in state. Blacks, Native Americans and individuals self-identifying as some other race in the KFH-South Bay Medical Center Service Area are more likely to live below the FPL compared to other race/ethnicities. In the KFH-South Bay Medical Center Service Area, Non-Hispanic African Americans and Hispanic/Latinos have the highest percent of 4th graders with “non- proficient” reading levels. Homelessness impacts the community with the number of homeless individuals increasing 10.5% from 5,351 to 5,913 in SPA 8 between 2015 and 2016. Community stakeholders interviewed during the CHNA also noted that the homeless population in the service area experience disproportionately poor health outcomes across almost every indicator, from mental health to access to healthy foods.

C. Violence/Injury Prevention

Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community. The KFH-South Bay Medical Center Service Area fares poorly on several indicators of safety and violence, including violent crime, assault, and robbery. The suicide mortality rate is higher in the KFH-South Bay Medical Center Service Area than Los Angeles County in general. African Americans and Asians are disproportionately impacted by pedestrian accidents, while African Americans and Non-Hispanic Whites are greatly impacted by motor vehicle accidents. Community stakeholders also noted that unintentional injuries are difficult for the older adult population.

D. Mental and Behavioral Health

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days. More than one quarter of adults in the KFH-South Bay Medical Center Service Area report that they frequently do not receive the social and emotional support they need and residents of the service area have more poor mental health days per month on average compared to other adults in the state. Community stakeholders noted that the homeless, Latino, Black, Cambodian and Southeast Asian communities, as well as youth, older adults, and veterans are disproportionately impacted by mental and behavioral health issues. For substance abuse, stakeholders identified disparities among youth, specifically in Long Beach, Harbor City/Harbor Gateway, San Pedro, Wilmington, Watts, and South Gate. They also reported the need for substance abuse treatment centers specializing in teens.

E. Obesity/HEAL/Diabetes

Overweight and obesity are defined using a person’s Body Mass Index (BMI) which is a ratio of a person’s weight to height. Los Angeles County adult obesity data is used for the KFH-South Bay service area, with 20.8% of adults being identified as obese. Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity. In the KFH-South Bay service area, obesity and diabetes disproportionately impact specific populations. Community stakeholders observed the highest disparities in overweight and obesity within the Latino and African American populations. Overall, a higher percentage of Hispanic/Latino students ranked within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test, followed by African- Americans.

V. 2018 Year-End Results for KFH-South Bay

A. 2018 Community Benefit Financial Resources Provided by KFH-South Bay

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: KFH-South Bay 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$18,804,078
Charity care: Medical Financial Assistance Program[2]	$4,906,083
Grants and donations for medical services[3]	$150,873
Subtotal	***$23,861,034***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$1,057,048
Summer Youth and INROADS programs[5]	$71,211
Grants and donations for community-based programs[6]	$434,003
Community Benefit administration and operations[7]	$422,915
Subtotal	***$1,985,177***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$56,443
Kaiser Permanente Educational Theatre	$370,422
Community Giving Campaign administrative expenses	$9,273
Grants and donations for the broader community[9]	$71,640
National board of directors fund	$16,751
Subtotal	***$524,529***
Health Research, Education, and Training	
Graduate Medical Education	$331,564
Non-MD provider education and training programs[10]	$558,493
Grants and donations for health research, education, and training[11]	$58,618
Health research	$479,441
Subtotal	***$1,428,116***
Total Community Benefits Provided	**$27,798,856**

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.

[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.

B. 2018 Examples of KFH-South Bay 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-South Bay 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-South Bay. 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-South Bay 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:

- The Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In 2018, WLC provided services to 1,112 individuals (predominately of African-American and Latino descent), reaching 252 children, 493 teens and young adults, and 367 adults.
- 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 120 events in 22 schools in the KFH-South Bay communities, reaching 12,155 youth and 720 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2018, Kaiser Permanente paid 11 grants, totaling $321,667, addressing the priority health need in the KFH-South Bay 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.	**Providing Affordable Healthcare** In 2018, KFH-South Bay provided $18,804,078 in medical care services to 21,028 Medi-Cal recipients (both health plan members and non-members) and $4,906,083 in medical financial assistance (MFA) for 6,017 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees 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.

Expanding Primary and Prevention Care

Harbor Community Clinic (HCC) is a Federally Qualified Health Center works to increase access to care, and intensive services for patients with chronic and multiple conditions. Over two years (2017-2018), Kaiser Permanente paid $20,000 to HCC to:

- Provide primary and preventive care to over 7,000 low-income Harbor area residents annually.
- Reduce emergency room visits and increase and facilitate linkages to other services and available benefits by providing case management to 100 patients per week.
- Develop 15 to 20 referrals a month to social service and health resources; including application assistance for applicable programs and follow-up.

Alleviating Burdens for Stroke Survivors

City of Carson Stroke Center serves the needs of people living with the effects of stroke and offers support to their caregivers. The Center offers a variety of services including speech and occupational therapy, individual and group exercise, caregiver support groups, and social activities. Over two years (2017-2018), Kaiser Permanente paid $15,000 to City of Carson to:

- Serve over 300 people annually including stroke survivors and their families.
- Support 45 interns that staff the occupational therapy program, thereby expanding services provided to 200 stroke survivors.
- Develop and implement an important database that monitors a patient's progress and provides quantitative metrics to demonstrate successes.

Economic Security	During 2018, Kaiser Permanente paid 10 grants, totaling $184,000, addressing the priority health need in the KFH-South Bay service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $383,333 that address this need.	**Building Safety Net Provider Capacity~*** The Charles Drew University of Medicine & Science's program works to alleviate the financial burden of undergraduate and graduate education that can prevent low socio-economic students from completing their education. Recipients of these scholarships are required to work in the safety net for a period of 2 years following graduation. Over two years (2017-2018), Kaiser Permanente paid $666,667 to the university to: • Award eight students a total of $215,833 in scholarships. • Award 12 additional scholarships ranging from $3,750 to $14,833 to students in the programs of nursing, family nurse practitioner, physician assistant, or school of medicine.
		Developing Workforce Pipeline for the Safety Net~* The Community Clinic Association of Los Angeles County (CCALAC) aims to increase and develop the safety net health care workforce through a pipeline initiative. In 2018, Kaiser Permanente paid $250,000 to CCALAC to: • Implement at least two student exposure programs, training rotations and experiential learning opportunities within member clinics annually for up to 40 students. • Pilot a Nurse Practitioner Residency program that will provide 10 new graduates with a residency placement in five-member clinics annually. • Develop an allied health training program to provide resources, trainings, and toolkits to strengthen clinic recruitment, onboarding, and retention efforts.

Training Leaders in Service of Community Health~

The Los Angeles Albert Schweitzer Fellowship (ASF) program aims to reduce disparities in health and healthcare by developing "leaders in service" who are dedicated to helping underserved communities. ASF selects Fellows from diverse universities and disciplines (i.e. medicine, dentistry, pharmacy, occupational therapy, psychology, public health, law, social work, etc.) annually to participate in the yearlong service project and awards each Fellow with a stipend of $2,500. Over two years (2017-2018 fellowship class), Kaiser Permanente paid $90,000 to ASF to:

- Recruit and train nine Fellows for the 2017-2018 fellowship class.
- Support the 2017-2018 fellowship class to develop a plan of action and implement a community project to address local unmet health needs.
- Review and prepare for the 2018-2019 fellowship class by selecting eight Fellows for year two.

Increasing Latino Medical School Applicants in California~

The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid $25,000 to LPOC to:

- Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series.
- Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.

		Raising Awareness of the California Earned Income Tax Credit~ Golden State Opportunity (GSO) leads and supports efforts related to economic security such as job creation, community development, and distribution of benefits. In 2018, Kaiser Permanente paid $75,000 to GSO to: • Support GSO's efforts to expand its innovative California Earned Income Tax Credit (Cal EITC) outreach and education. • Inform 250,000 low-income workers on Cal EITC eligibility and benefits through digital advertising, peer-to-peer text messaging, and grassroots outreach. • Train 25 community partners on smart digital targeting, community messaging, and peer-to-peer text messaging to outreach and engage in the Cal EITC campaign.
Violence/Injury Prevention	During 2018, Kaiser Permanente paid 9 grants, totaling $85,000, addressing the priority health need in the KFH-South Bay service area.	**Providing Safe Environments for At-Risk Youth~** The GRYD Foundation holds Summer Night Lights (SNL) programming to provide extended recreational, athletic, artistic, and health and wellness programming and linkages to community resources throughout the City of Los Angeles. Over two years (2017-2018), Kaiser Permanente paid $90,000 to SNL to: • Support case management services to 86 at risk-youth. • Serve 434,644 total meals across 32 sites with a variety of healthy choices. • Provide Zumba, Play Rugby, Go Stadia Go, Dance, and Yoga for 9,385 community members. • Engage 695,430 community members across all SNL sites.
		Providing Mentorship Opportunities for Students California State University Dominguez Hills' Male Success Alliance (MSA) is a high school and middle school program that supports curriculum development, training, and community discussions focused on violence prevention and healthy communities. Over two years (2017-2018), Kaiser Permanente paid $20,000 to MSA to: • Support the training of 75 high school and middle school students on violence prevention and peer mediation. • Provide mock interviews and serve as guest speakers at mentorship events in partnership with KFH-South Bay staff.

		Practicing Meditation in Schools to Reduce Violence Centinela Youth Services' (CYS) reduces violence in low-income communities and schools by providing peer mediation and conflict resolution interventions. This approach disrupts the school-to-prison pipeline by improving the school environment and reducing truancy and suspension. Over two years (2017-2018), Kaiser Permanente paid $20,000 to CYS to: • Expand their program to 11 middle and high schools in the Hawthorne, Inglewood, Lennox, and Centinela Valley school districts. • Train 15 students across the 11 participating schools. • Provide peer meditations for 748 student participants. • Resolve 470 conflicts through mediation. • Refer 278 students to other CYS programs for additional support, such as family mediation.
Obesity/HEAL/ Diabetes	During 2018, Kaiser Permanente paid 26 grants, totaling $1,570,741, addressing the priority health need in the KFH-South Bay service area. In addition, a portion of money managed by a donor advised fund at California	**Improving Access to Nutritious Foods~*** California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, KP paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

Community Foundation was used to pay 9 grants, totaling $1,731,944 that address this need.

Advocating for Maternal, Infant, and Child Health~

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:

- 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.

Fighting Food Insecurity~

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:

- Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11member food banks.
- Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

Supporting Healthy Eating and Active Living through Systems Change~*

The City of Long Beach Department of Health and Human Services' HEAL Zone site focuses on school and community strategies that address healthy eating and physical activity opportunities in North Long Beach through policy, environmental, and system changes. In 2018, Kaiser Permanente paid $333,333 to the City of Long Beach Department of Health and Human Services' to:

- Support the passing of City tax incentives for community gardens or urban farms.
- Exchange ~ 1,800 lbs of produce at resident and farmer crop swaps with 305 farmers and 200 participating residents.
- Successfully train12 Resident Leadership Academy participants and 17 Healthy LB Teen Leadership Program participants.
- Advocate for a safer intersection on Artesia and Muriel near Starr King Elementary with the Mayor's office.
- Implement the enhanced Healthy Lifestyle Prescription Program at The Children's Clinic (TCC).

Practicing Food Recovering and Redistribution

Kaiser Permanente envisions food services 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 to recover 11,194.5 lbs. of food and distribute to organizations serving individuals in the KFH-South Bay region who face food insecurity.

		Addressing Food Insecurity through Nonprofit Organizations The Foodbank of Southern California conducts the Healthy Choices Program (HCP) that promotes accessibility to fresh produce and other nutritional food items. HCP donates products to nonprofit partner agency emergency and non-emergency feeding programs and distributes over 22.9 million pounds of fresh produce annually. Over two years (2017-2018), Kaiser Permanente paid $22,500 to Foodbank of Southern California to: • Support the purchase and transport of fresh produce, as well as, distribution packaging and supplies. • Help 188 Nonprofit Partner Agencies and 12 Brown Bag for Seniors Distribution Sites to obtain health foods at no cost. • Provide information, resources, and nutritious foods to 450,000 individuals a month.
Mental and Behavioral Health	During 2018, Kaiser Permanente paid 12 grants, totaling $319,500, addressing the priority health need in the KFH-South Bay service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.

$40,000 that address this need.	**Improving Services for Human Trafficking Survivors~** The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
	Reducing Mental Health Stigma in Schools* The National Alliance on Mental Illness (NAMI) Orange County reduces mental health stigma and improves resilience in Orange County schools with its Mental Health Education Initiative for OC Schools Project. In 2018, Kaiser Permanente paid $40,000 to NAMI to: • Offer four programs in up to 15 middle/high schools: 1) Mental Health 101 2) NAMI Basics 3) Ending the Silence and 4) NAMI on Campus that focus on prevention, early intervention and stigma reduction for students. • Train new Mental Health 101 facilitators.
	Building the Mental Health Workforce Mental Health America of Los Angeles (MHALA) builds the emerging workforce through a 13-week, full time fellowship program that trains and places individuals interested in working in the field of mental health into internships with employers in LA County with its Jump Start Fellowship Training Project. In 2018, Kaiser Permanente paid $40,000 to MHALA to: • Provide eight additional individuals, above the current program capacity of 54, with 180 hours of culturally competent education, including resume and interview support during the fellowship and post-graduation. Provide eight additional individuals with 240 hours of mental health internship experience.

Disseminating Knowledge and Best Practices to Surrounding Providers

The Gay and Lesbian Center of Long Beach (GLCLB) strives to increase the size and capacity of the mental health workforce in Long Beach. The Center is working to expand its existing internal and external training programs to become a Continuing Education Units (CEU) certified provider training site. Over two years (2017-2018), Kaiser Permanente paid $13,000 to GLCLB to:

- Serve as an expert training site for MFT and MSW interns and trainees working towards state licensure. Through the provision of on-site counseling services, coupled with individual and group supervision, interns and trainees of The Center gain tremendous expertise in serving LGBTQ populations.
- Offer several half-day trainings facilitated by licensed therapists at a nominal fee to surrounding service providers.

Addressing Trauma in Transitional Aged Youth

The Positive Results Corporation (PRC) specializes in programs supporting children, transitional aged youth (ages 16 to 24), and adults. The programs address the negative effects of trauma and provide youth with the skills necessary to cope with triggers of trauma. Over two years (2017-2018), Kaiser Permanente paid $15,000 to PRC to:

- Provide capacity training for community, non-profit, and educational organizations addressing stigma, trauma, violence, abuse and mental and behavioral health.
- Train 325 educators, case managers and service providers who work with transitional aged youth on a wide range of topics including: the homeless and foster youth experience; levels and types of trauma (sexual, physical, emotional); ways to address emotional, social and financial support; and how to interact with transitional aged youth in a culturally responsive manner.

Kaiser Foundation Hospital – Northern California Region

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

SOUTH SACRAMENTO

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

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III. KFH-South Sacramento Community Served

A. Kaiser Permanente's Definition of Community Served

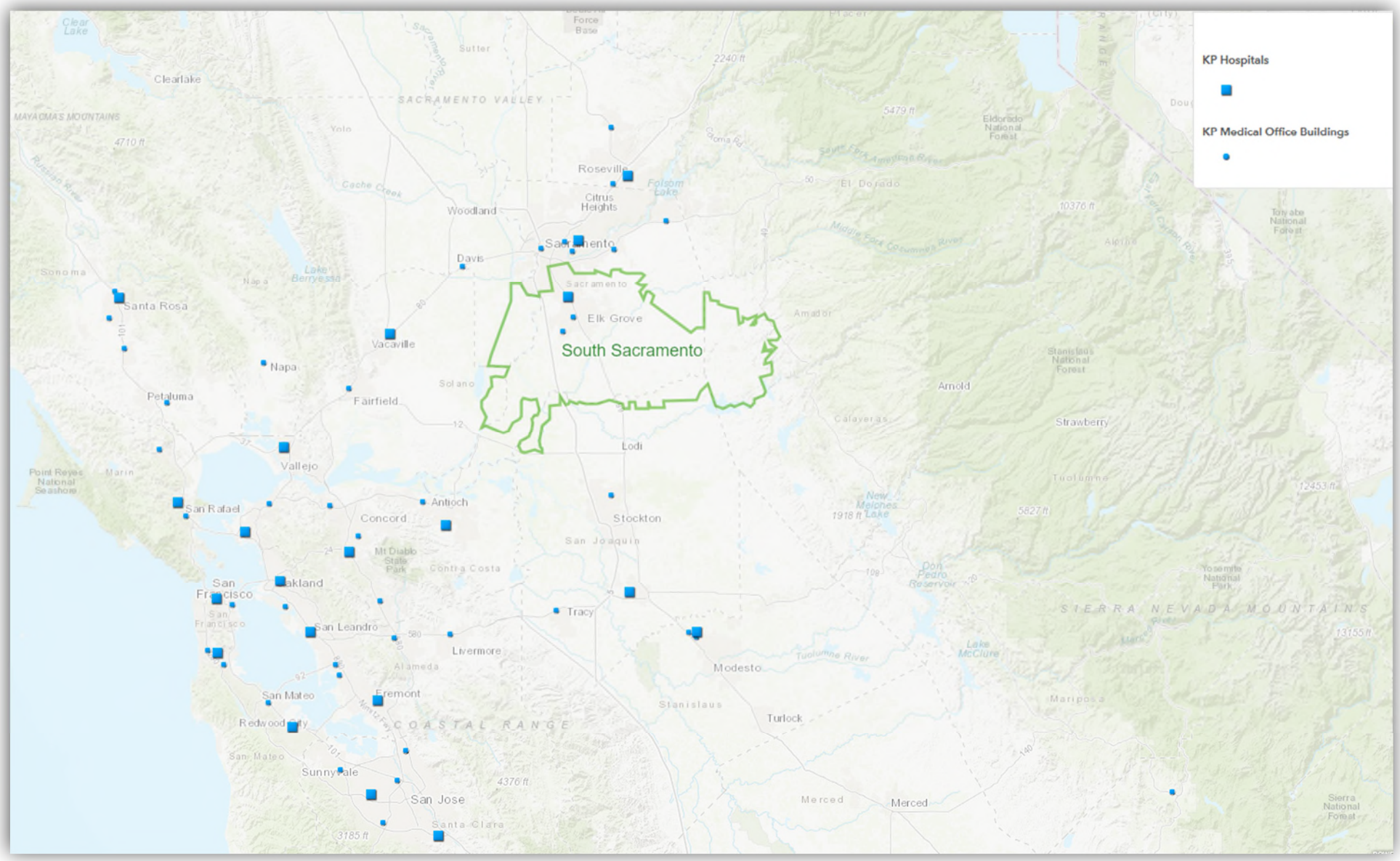
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-South Sacramento

Total Population	474,613
White	45.3%
Black/African American	12.5%
Asian	23.9%
Native American/ Alaskan Native	0.8%
Pacific Islander/ Native Hawaiian	1.7%
Some Other Race	8.0%

Multiple Races	7.7%
Hispanic/Latino	26.9%
Total Living in Poverty (<100% FPL)	19.2%
Children Living in Poverty	26.6%
Unemployment Rate	3.8%
Uninsured Population	10.7%
Adults with No High School Diploma	18.8%

C. Map and Description of Community Served by KFH-South Sacramento



The KFH-South Sacramento service area comprises a large part of Sacramento County, including the cities of Sacramento, Elk Grove, and Galt, and a portion of Amador County.

IV. Description of Community Health Needs Addressed by KFH-South Sacramento

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

1. Access to Care

The health need, Access to High-Quality Health Care and Services was renamed to Access to Care for the IS. Access to high-quality, affordable health care and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Essential components of access to care include health insurance coverage, access to a primary care physician and clinical preventive services, timely access to and administration of health services, and a robust health care workforce. Culturally and linguistically appropriate health services are necessary to decrease disparities for diverse populations, including racial and ethnic minorities, LBGTQ populations, and older adults.

Access to care is a significant health need in the KFH-South Sacramento service area. Sixteen of 32 indicators (50%) related to access to high-quality health care and services, including maternal, child and infant health, and oral/dental services compare unfavorably to state benchmarks. A greater percentage of individuals in the KFH-South Sacramento service area receive public insurance and Medicaid compared to state benchmarks and there are significant racial/ethnic disparities in rates of uninsured individuals. Nearly all key informants and focus groups identified access to health care or drivers related to access to care as needs during primary data collection.

Access to Care strongly met all the criteria used in the IS selection process. Kaiser Permanente has many internal assets, resources and expertise to address Access to Care.

2. Healthy Eating Active Living (HEAL)

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health. A healthful diet and regular physical activity help individuals to maintain a healthy weight and reduce the risk for many health conditions including obesity, type 2 diabetes, heart disease, osteoporosis and some cancers. Access to and availability of healthier foods can help people follow healthful diets and may also have an impact on weight. Access to recreational opportunities and a physical environment conducive to exercise can encourage physical activity that improves health and quality of life.

HEAL is a significant health need in the KFH-South Sacramento service area, with 16 of 30 indicators (53%) related to healthy eating and active living perform poorly compared to state benchmarks. The mortality rate due to diabetes is greater in the South Sacramento service area than the state as a whole. There are many racial/ethnic disparities in HEAL indicators including youth obesity and overweight, youth physical activity, fruit and vegetable consumption, and breastfeeding. A lack of access to healthy food and abundance of unhealthy food was frequently mentioned by community members and service providers as barriers to healthy eating.

Healthy Eating Active Living strongly met nearly all the criteria used in the IS selection process.

3. Behavioral Health

The health need, Access to Behavioral Health Services was renamed to Behavioral Health for the IS. Behavioral health encompasses both mental health and substance abuse.

Mental health and well-being are essential to living a meaningful and productive life. The burden of mental illness in the United States is among the highest of all diseases, and people with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse and suicide. Mental health and well-being provide people with the skills necessary to cope with and move on from daily stressors and life's difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Substance abuse is linked with community violence and mental health issues. Access to treatment for substance abuse and co-occurring disorders will improve the health, safety, and quality of life of individuals with substance use disorders as well as their children and families.

Behavioral Health is a significant health need in the KFH-South Sacramento service area. Six of 13 indicators (46%) pertaining to mental health and nine of 12 indicators (75%) pertaining to substance abuse compared unfavorably to state benchmarks. The KFH-South Sacramento service area has a higher suicide rate, higher rates of emergency department visits for mental health conditions and self-inflicted injury, and higher hospitalization rates for mental health conditions compared to the state. Community residents frequently mentioned depression and anxiety as significant mental health issues.

Behavioral Health strongly met nearly all the criteria used in the IS selection process.

4. Community and Family Safety

The health need, Safe, Crime- and Violence-Free Communities was renamed to Community and Family Safety for the IS. Community and Family Safety contribute to overall health and well-being. Injuries and violence contribute to premature death, disability, poor mental health, high medical costs and loss of productivity. Individual behaviors such as substance abuse and aspects of the social environment such as peer group associations can affect the risk of injury and violence. The physical environment may also affect the rate of injuries related to falls, motor vehicle accidents, and violent crime. Safe communities promote community cohesion and economic development, provide more opportunities to be active, and improve mental health while reducing untimely deaths and serious injuries.

Community and Family Safety is a significant health need in the KFH-South Sacramento service area. Fifteen of 26 indicators (58%) pertaining to violence and safety perform poorly compared to state benchmarks. The combined rate of all violent crimes, including homicide, rape, robbery, and aggravated assault, was significantly higher in the KFH South Sacramento service area compared to the state. In addition, there is a high rate of school suspensions for youth, and high emergency department visit and hospitalization rates for substance abuse compared to the state. Black residents experience higher level of death by homicide compared to other racial/ethnic groups. Nearly all community members and key informants mentioned community and family safety as a health need.

Community and Family Safety strongly met nearly all the criteria used in the IS selection process.

V. 2018 Year-End Results for KFH-South Sacramento

A. 2018 Community Benefit Financial Resources Provided by KFH-South Sacramento

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-South Sacramento

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$47,637,899
Charity care: Medical Financial Assistance Program[b]	9,907,993
Grants and donations for medical services[c]	530,072
Subtotal	***$58,075,964***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$64,100
Grants and donations for community-based programs[e]	1,108,896
Community Benefit administration and operations[f]	320,788
Subtotal	***$1,493,784***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$2,076
Community Giving Campaign administrative expenses	24,076
Grants and donations for the broader community[h]	106,570
National board of directors fund	21,926
Subtotal	***$154,649***
Health Research, Education, and Training	
Graduate Medical Education	$2,341,951
Non-MD provider education and training programs[i]	590,996
Grants and donations for health research, education, and training[j]	32,143
Health research	856,377
Subtotal	***$3,821,467***
Total Community Benefits Provided	**$63,545,863**

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-South Sacramento'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-South Sacramento 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-South Sacramento. 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 42 grants totaling $502,701.80 that addressed Access to Care in the KFH-South Sacramento service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 32,533 Medi-Cal members and 370 Charitable Health Coverage (CHC) members. And 8,439 individuals received Medical Financial Assistance (MFA).
		Access to care and coverage: Sacramento Covered received $50,000 (even split with KFH-Sacramento) for its access to care project that helps underserved Sacramento County communities, including those with limited English proficiency, access and utilize health care services by ensuring they are enrolled in and maintain their health coverage, coordinate primary care and specialty care services, and mitigate specific barriers to care through health education and referrals to social non-medical services. Sacramento Covered screened 1,108 unduplicated individuals for health coverage and provided 2,063 total health navigation services. This included 334 new health coverage enrollments, 361 health coverage renewals, 1,023 health coverage maintenance services, 71 individuals scheduled for primary care appointments, and 105 referred to non-medical services.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		PHASE: Elica Health Centers (Elica) received a three-year $150,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include using PHASE as a vehicle for organizational practice transformation. Through PHASE, Elica is reaching nearly 2,500 patients, and 61% of its patients with diabetes have their blood pressure controlled.
		211: Yolo County Health Department received a $50,000 grant (even split with four KFH hospital service areas) to support 211's efforts to connect community members with county services and community-based resources and information through a 24-hour call center, web lookup, and text alerts. To date, 211 staff have received 2,432 calls, with most related to emergency shelter and housing assistance. Callers were connected to resources and 546 direct referrals were made to service providers across the region.
		Case management: WellSpace Health was awarded a $99,000 grant for its T3 (Triage, Transport, Treatment) South Sacramento program, which identified 45 new frequent ED utilizers and engaged them in appropriate primary and preventive care as an alternate to excessive ED use. All 45 clients were connected to temporary housing and nine clients successfully obtained permanent housing. And 41 clients who were helped because of 2017 funding are still actively receiving case management services. Transportation to medical/mental health appointments and other community services was provided 195 times. The case manager worked to connect all patients with a medical home, resulting in 107 medical appointments and 23 mental health appointments, and a decrease in non-emergency room use.
Healthy Eating Active Living	In 2018, there were 21 grants totaling $324,515.62 that addressed Healthy Eating Active Living in the KFH-South Sacramento service area.	**Walking program**: Health Education Council (HEC) was awarded a $55,240 grant (even split with three KFH hospital service areas) for Walk with Friends (WWF), which was designed to increase neighborhood cohesion through healthy eating and active living. HEC expanded this community walking and produce distribution program to seven sites (four schools and three community parks) in the Sacramento Region and is serving more than 3,350 actively participating households. Each week, WWF brings adults together to stretch, walk, and talk with other community members. HEC also developed formal agreements with the Sacramento and Yolo county food banks, which provided more than 50,596 pounds of fresh fruits and vegetables to participants overall.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		CalFresh: Sacramento Food Bank & Family Services (SFBFS) received a $95,000 grant (even split with KFH-Sacramento) to increase enrollment in and use of CalFresh, by convening stakeholders, training partner agencies, and targeting outreach in zip codes with low CalFresh participation. To date, SFBFS has trained three new partners to help with outreach and application assistance. SFBFS has screened 211 individuals and submitted 173 CalFresh applications, of which 75 were approved.
		Parks: Health Education Council (HEC) received a $75,000 grant to revitalize Nielsen Park by implementing community-identified improvements designed to increase safety and provide opportunities for physical activity and recreation. More than 100 residents provided recommendations to the City of Sacramento regarding park structural improvements. Renovations are currently underway to the play structures, picnic areas, and water fountains. Utilization of the park is expected to increase by 50% after the renovations are completed.
Mental Health & Wellness	In 2018, there were 28 grants totaling $512,744.61 that addressed Mental and Behavioral Health in the KFH-Sacramento service area.	**Stigma**: Elk Grove Unified School District received a $90,000 grant to provide LGBTQ students in Elk Grove and South Sacramento with mental health and stigma reduction programming. This effort is designed to create a more equitable and inclusive learning environment that responds to the unique needs of LGBTQ students, resulting in stigma reduction and improved mental health and wellness supports for LGBTQ students.
		Resilience: Sacramento City Unified School District received a $98,000 grant to continue developing a trauma-informed school environment at John Still School by providing mental health screenings and services for students, workshops for students and teachers, and adopting a model of restorative practices schoolwide. To date, 44 students have received counseling, 120 students participated in in-class workshops on stress management, and 280 students participated in a school-wide social emotional learning intervention.
		Mental health programs for homeless youth: WIND Youth Services was awarded a $30,000 grant (split with KFH-Sacramento) for its Connections Program for homeless youth. During the grant term, 145 youth were immediately connected to WIND's mental health program, receiving weekly case management support, including mental health and behavioral health services. Among the outcomes, 88% of youth reported increased capacity to manage mental/behavioral health systems, 94% reported feeling safer, and 96% reported feeling less alone.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Connection to services: Sacramento City Unified School District (SCUSD) received $50,000 to support Connect Center, which provides a single, easily identifiable point of access and assistance to address the social, emotional, and health needs of all students and families, as well as ongoing training on student health and wellness to parents, families, and SCUSD staff. Outcomes include 156 referrals made for health insurance enrollment; 40 for health navigation; 384 for case management/support services; and 475 for mental health, support groups, crisis, alcohol and drug counseling services. Nine health insurance outreach events were conducted at schools and community health fairs, and through Health Action Team meetings. Overall, substantial increases were seen in student and family access to social/emotional and mental health care services, health coverage and navigation, and health education, in addition to awareness of issues affecting student health and wellness.
Community & Family Safety	In 2018, there were 24 grants totaling $408,721.00 that addressed Community and Family Safety in the KFH-South Sacramento service area.	**Violence Prevention:** WellSpace Health received a $200,000 grant (even split with KFH-Sacramento) to implement the Sacramento Violence Intervention Program (SVIP). Youth 15 to 26 who are admitted to Kaiser Permanente's South Sacramento Trauma Center with injuries related to violence receive case management and linkage to services. The goal of SVIP is to reduce the number of re-injuries due to violence. To date, SVIP has mentored and provided after-care services for more than 75 patients and families affected by violence.
		Firearms: Safe Passages received a four-year $400,000 grant (even split with KFH-Sacramento) to implement Advance Peace Sacramento, a project that reduce firearm assaults in three Sacramento California communities by providing resources to firearm offenders. The expected outcome includes a 50% reduction in firearm assaults over five years. To date, 75 fellows have been enrolled in the Peacemaker Fellowship, which provides participants with support to develop a life plan and work towards educational, professional, and personal goals.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Neighborhood programs: ReIMAGINE Mack Road Partnership received $75,000 for its ReVITALIZE Community Project to improve health and well-being through vibrant, neighborhood-focused programs that bring hope and positive change to the Valley-Mack community. Sacramento Summer Night Lights provided alternative outdoor activities that included entertainment, group play, poem and narrative writing, dance, positive interactions with law enforcement, organized sports, music, and arts and crafts for 11,019 participants. In addition, meals were served to 1,840 adults and 4,983 children from low-income neighborhoods. Mack Road-Valley Hi Community Center provided a safe place and afterschool activities for 5,160 children and youth. Market-Match provided fresh, reduced-cost produce at farmers market for CalFresh families, matching $1,736 for those with EBT. An average of $478.27 of produce was sold at each market for a total of 5,061 lbs. of produce. According to surveys, 88% of shoppers were satisfied with the market and 77% increased their consumption of fresh food. Overall, this grant reached 18,900 people.
		Intimate partner violence: WEAVE was awarded a $40,000 grant to provide legal aid and safe shelter to victims of intimate partner violence (IPV). Of the 276 victims who received 17,177 bed nights, 123 were children and 153 were adults. In addition, WEAVE provided support, safety planning, and referrals to 13,410 callers via its 24/7 support and information line. WEAVE operates two confidential shelters for IPV victims: Safehouse is located on WEAVE's residential campus and Open House consists of five one-bedroom apartments where residents access supportive services through WEAVE's Midtown Counseling Center and a client services representative is also onsite in the evening and through the night.

Kaiser Foundation Hospital – Northern California Region

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

SOUTH SAN FRANCISCO

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

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III. KFH-South San Francisco Community Served

A. Kaiser Permanente's Definition of Community Served

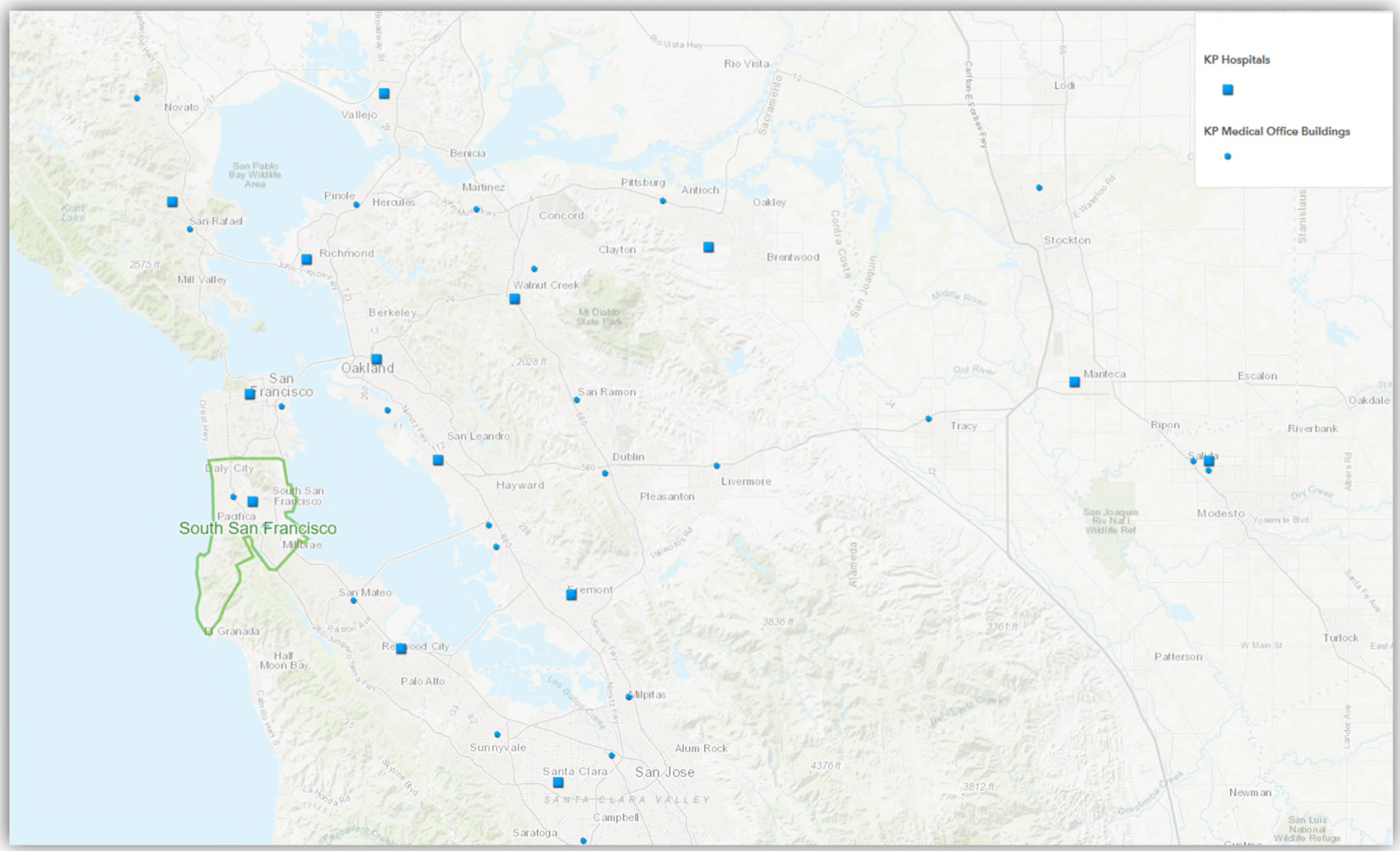
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	296,007
White	38.6%
Black/African American	2.3%
Asian	41.5%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	1.4%
Some Other Race	10.8%

Multiple Races	5.1%
Hispanic/Latino	25.0%
Total Living in Poverty (<100% FPL)	7.3%
Children Living in Poverty	8.8%
Unemployment Rate	2.1%
Uninsured Population	7.6%
Adults with No High School Diploma	12.1%

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



The KFH-South San Francisco service area covers portions of northern San Mateo County. This includes, but is not limited to, the cities of Brisbane, Daly City, Pacifica, Montara, Moss Beach, San Bruno, and South San Francisco.

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

KFH-South 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-South 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-South San Francisco is addressing in the 2017-2019 three-year cycle:

1. Healthy Eating, Active Living

Healthy diets, and achievement and maintenance of a healthy body weight reduces 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.

2. 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.

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 to 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 illnesses, such as depression and anxiety, affect 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-South San Francisco

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

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$8,711,243
Charity care: Medical Financial Assistance Program[b]	5,133,653
Grants and donations for medical services[c]	290,869
Subtotal	***$14,135,765***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$156,596
Grants and donations for community-based programs[e]	526,114
Community Benefit administration and operations[f]	188,230
Subtotal	***$870,940***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,218
Community Giving Campaign administrative expenses	14,127
Grants and donations for the broader community[h]	100,003
National board of directors fund	12,866
Subtotal	***$128,214***
Health Research, Education, and Training	
Graduate Medical Education	$101,565
Non-MD provider education and training programs[i]	611,371
Grants and donations for health research, education, and training[j]	39,243
Health research	502,501
Subtotal	***$1,254,680***
Total Community Benefits Provided	**$16,389,599**

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-South 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-South 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-South 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 38 grants totaling $386,262.83 that addressed Access to Care in the KFH-South San Francisco service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 4,037 Medi-Cal members and 104 Charitable Health Coverage (CHC) members. And 3,675 individuals received Medical Financial Assistance (MFA).
		PHASE: Community Health Partners (CHP) received a three-year $500,000 grant (even split with four KFH hospital service areas) to support the successful use of PHASE among health center organizations, including supporting the development of QI infrastructure within health centers and helping them address social needs to reach higher levels of blood pressure control. CHP is reaching more than 15,000 patients through PHASE; 70% of CHP patients with diabetes and 68% of those with hypertension have their blood pressure controlled.
		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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Connection to resources: Pacifica Resource Center received $15,000 to connect 300 homeless and marginally-housed adults and seniors with food, housing assistance, and income supports to increase their stability and health.
Healthy Eating Active Living	In 2018, there were 19 grants totaling $192,358.57 that addressed Healthy Eating Active Living in the KFH-South San Francisco service area.	**Senior meals**: KFH-South San Francisco provided $15,000 to Peninsula Volunteers to deliver meals to 300 homebound seniors in Daly City and Millbrae who are unable to shop and cook for themselves.
		Garden education: KFH-South San Francisco awarded $30,000 to Education Outside to provide 1,793 K thru 5 students at five Daly City public elementary schools with garden-based education and healthy food experiences throughout the school year.
		After-school physical activity program: Girls on the Run of the Bay Area received $25,000 to provide 138 girls from low-income communities of color with a 10-week after-school program at three Daly City and six South San Francisco elementary and middle schools to increase their physical activity, improve their self-image, and build healthy habits.
Behavioral Health	In 2018, there were 19 grants totaling $163,212.65 that addressed Behavioral Health in the KFH-South San Francisco service area.	**Stigma**: StarVista received a $90,000 grant (even split with KFH-Redwood City) to reduce mental health stigma within the LGBTQ+ community through education, trainings, media, outreach, peer support and social events. StarVista expects to reach 1,100 providers, teachers, staff, and students. Expected outcomes include an increase in understanding about stigma and increased access to services.

Kaiser Foundation Hospital – Northern California Region

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

VACAVILLE

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

KAISER PERMANENTE®
in the community

III. KFH-Vacaville Community Served

A. Kaiser Permanente's Definition of Community Served

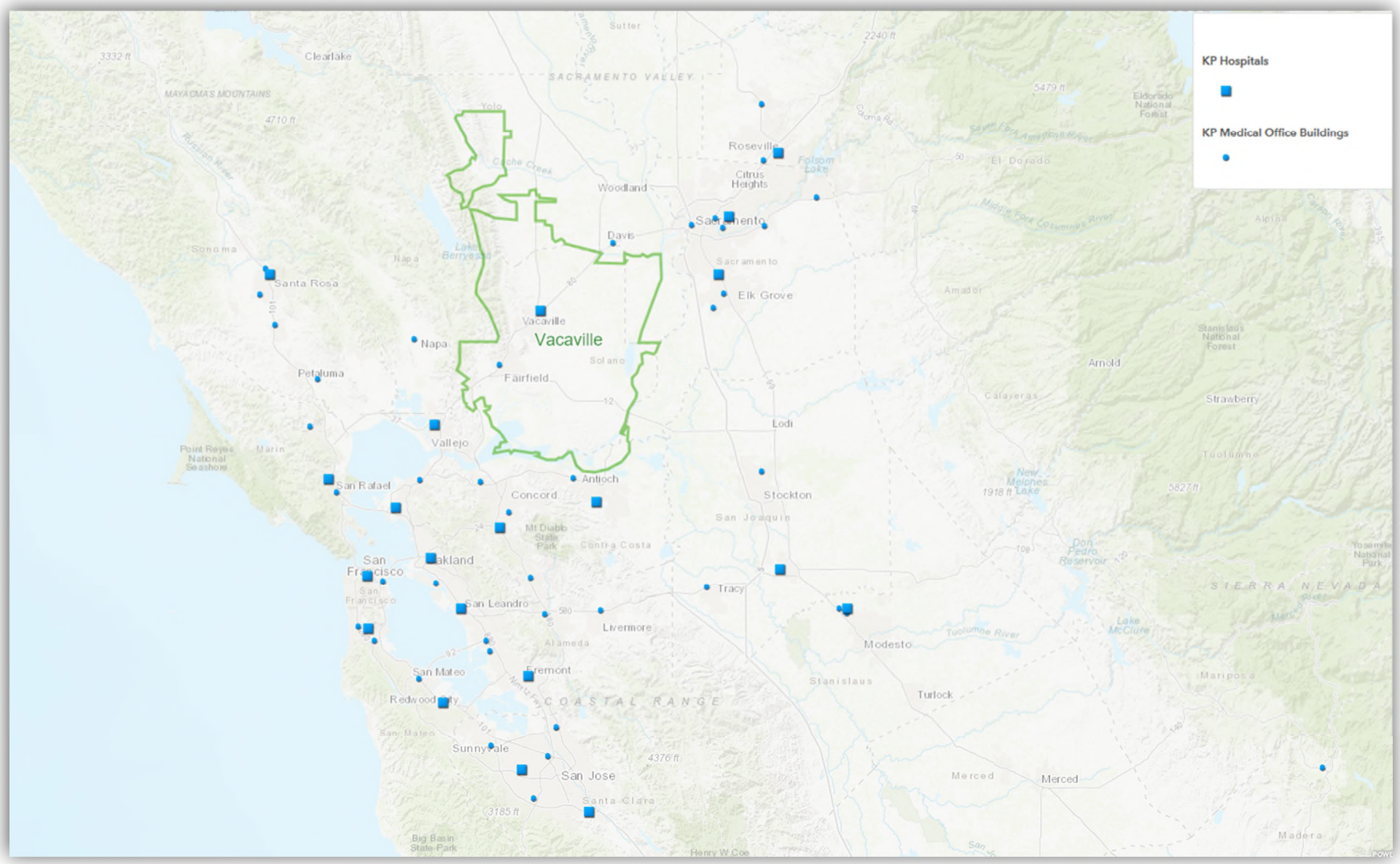
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

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

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

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



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

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

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

1. Healthy Eating, Active Living

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

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

2. Access to Care and Coverage

The ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize the prevention, early intervention, and treatment of health conditions. With implementation of the ACA, many adults have access to insurance coverage and regular health care. However, disparities persist. Premiums for health insurance remain high, many providers do not accept Medi-Cal or have long waiting lists, and community members express challenges in understanding and navigating the health care system.

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

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, KFH Vacaville service area residents have a high risk of suicide. The suicide rate in the service area is 12.6 per 100,000 residents. Among residents in the service area, 14.2% need mental health care.

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

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

4. Community and Family Safety

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

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

V. 2018 Year-End Results for KFH-Vacaville

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

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

Table C

KFH-Vacaville

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

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

TABLE C ENDNOTES

a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.

b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.

c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

d. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.

e. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

f. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.

g. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre Programs performances or health education programs.

h. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

I. Amount reflects the net expenditures for health professional education and training programs.

j. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-Vacaville'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-Vacaville 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-Vacaville. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Access to Care and Coverage	In 2018, there were 30 grants totaling $280,823.30 that addressed Access to Care in the KFH-Vacaville service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 15,458 Medi-Cal members and 197 Charitable Health Coverage (CHC) members. And 4,834 individuals received Medical Financial Assistance (MFA).
		Navigation: KFH-Vacaville awarded a $25,000 grant to OLE Health to implement the access and care coordination program. Care coordinators (CCs) will support patients, especially those who are least equipped to navigate the health care system, in effectively managing their medical and psychosocial conditions for improved health outcomes. Thus far, CCs have assisted 2,869 patients.
		Enrollment: KFH-Vacaville awarded a $50,000 grant to Solano Coalition for Better Health to strategically embed staff throughout Solano County to provide culturally sensitive outreach and enrollment services for those in need. A team of health access specialists provide education on the importance of staying linked to health coverage, avoiding disruption in services, and accessing preventive care. More than 700 families have been educated year to date.

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

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

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

Kaiser Foundation Hospital – Northern California Region

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

VALLEJO

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

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III. KFH-Vallejo Community Served

A. Kaiser Permanente's Definition of Community Served

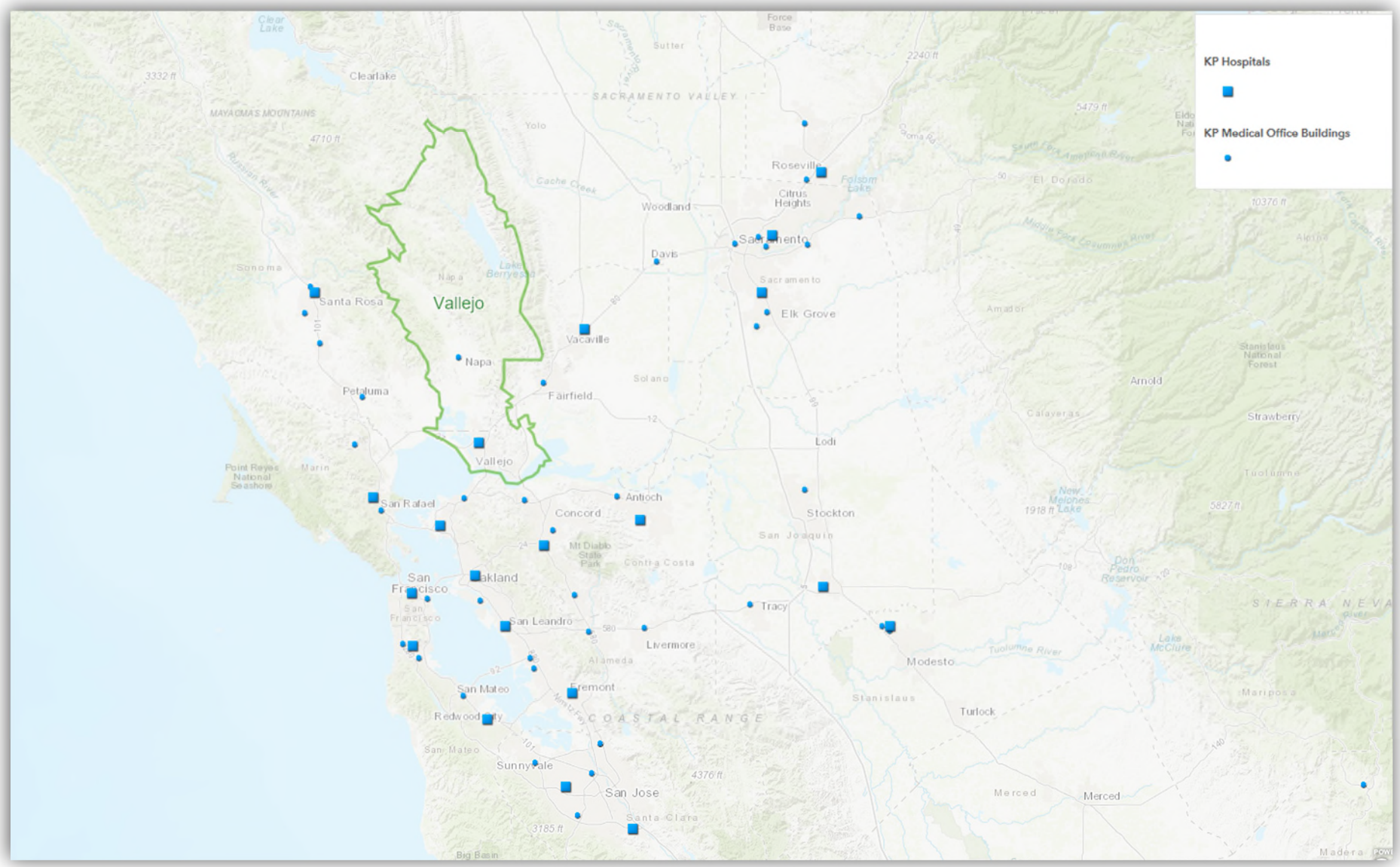
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

Total Population	284,616
White	59.0%
Black/African American	10.8%
Asian	15.0%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	8.4%

Multiple Races	5.6%
Hispanic/Latino	27.8%
Total Living in Poverty (<100% FPL)	12.2%
Children Living in Poverty	15.6%
Unemployment Rate	3.6%
Uninsured Population	9.9%
Adults with No High School Diploma	13.4%

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



The KFH-Vallejo service area includes communities in Napa and Solano counties. The major communities are Benicia and Vallejo in Solano County and American Canyon, Calistoga, Napa, Oakville, Rutherford, St. Helena, and Yountville in Napa County. The service area is further defined by Highway 29 leading from Vallejo to Napa and Interstate 80 in Solano County.

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

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

1. Healthy Eating, Active Living

In the KFH Vallejo service area, an estimated 26.7% of adults are obese and 38.4% are overweight. Among youth, 18.4% are obese and 20.7% are overweight. Access to affordable healthy food was identified as a concern, particularly in specific areas of Napa County such as American Canyon and rural communities. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria, most notably KP expertise, feasibility, ability to leverage organizational assets, and existing or promising practices. It also aligns directly with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

The ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize the prevention, early intervention, and treatment of health conditions. With implementation of the ACA, many adults have access to insurance coverage and regular health care. However, disparities persist. Premiums for health insurance remain high, and many providers do not accept Medi-Cal or have long waiting lists.

KFH Vallejo has prioritized this health need because it received a high score with respect to Kaiser Permanente expertise, although it did not receive a high score with respect to some other criteria. Subsequent discussion among the Contributions Committee members and reflection from KFH Vallejo leadership emphasized the need to leverage organizational assets and align with Kaiser Permanente regional priorities. For these reasons, this health need was ultimately included.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or post-traumatic stress disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, KFH Vallejo service area residents have an increased risk of suicide compared to Californians on average. The suicide rate in the service area is 11.8 per 100,000 residents. Older adults, transition age youth, LGBTQ youth, and Latinos were noted as populations of high concern for mental health issues. Social stigma and the geographic distribution of treatment facilities were considered as barriers to receiving appropriate mental health services.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In the KFH Vallejo service area, substance abuse was identified as a concern in the 2016 CHNA, particularly with respect to alcohol consumption. Among adults, 20.9% of residents report heavy alcohol consumption. Youth were noted as a high-risk population; data indicate that in the prior 30 days 11.8% of 11th grade students in Napa County reported using cigarettes, 22.8% reported binge drinking, and 24.9% reported using marijuana.

KFH Vallejo has prioritized this health need at the recommendation of the Contributions Committee, which ranked this health need high with respect to CHNA prioritization, disparities/equity, KP expertise, feasibility, and the ability to leverage organization assets.

4. Community and Family Safety

Community and family safety includes violence by community members or law enforcement, as well as domestic violence and abuse. In the KFH Vallejo service area, in recent years, there were 10.2 non-fatal emergency room visits due to domestic violence per 100,000 females (age 10+). The area also experiences a high rate of violent crime, with a 308.5 per 100,000 population assault rate, and a 7.1 per 100,000 population homicide rate.

KFH Vallejo has selected this health need as part of the implementation strategy at the recommendation of the Contributions Committee, which ranked this health need high with respect to CHNA prioritization, Kaiser Permanente expertise, and disparities/equity. This health need was also strongly emphasized in the data collected during the CHNA process reflecting an important need for the community.

V. 2018 Year-End Results for KFH-Vallejo

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

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-Vallejo

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[a]	$25,047,755
Charity care: Medical Financial Assistance Program[b]	7,354,460
Grants and donations for medical services[c]	302,484
Subtotal	***$32,704,699***
Other Benefits for Vulnerable Populations	
Youth Employment programs[d]	$29,137
Grants and donations for community-based programs[e]	1,179,809
Community Benefit administration and operations[f]	228,147
Subtotal	***$1,437,093***
Benefits for the Broader Community[g]	
Community health education and promotion programs	$1,477
Community Giving Campaign administrative expenses	17,123
Grants and donations for the broader community[h]	74,681
National board of directors fund	15,594
Subtotal	***$108,875***
Health Research, Education, and Training	
Graduate Medical Education	$2,012,125
Non-MD provider education and training programs[i]	1,634,447
Grants and donations for health research, education, and training[j]	32,143
Health research	5,537,149
Subtotal	***$9,215,863***
Total Community Benefits Provided	**$43,466,531**

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-Vallejo'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-Vallejo 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-Vallejo. 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 32 grants totaling $337,951.97 that addressed Access to Care in the KFH-Vallejo service area.	**Kaiser Permanente Medicaid and Charity Care**: In 2018, Kaiser Permanente provided care to 18,693 Medi-Cal members and 372 Charitable Health Coverage (CHC) members. And 6,252 individuals received Medical Financial Assistance (MFA).
		Access to care programs. KFH-Vallejo awarded a $49,212 grant to La Clínica de La Raza to expand its promotores model to provide health care navigation support for vulnerable populations and increase their utilization of health care services. Through this funding, 515 people have received navigation support.
		Access to primary and specialty care: KFH-Vallejo awarded a $50,000 grant to Community Health Initiative Napa County (CHI) for a project that aims to increase access to medical, dental, vision, and mental health care for Napa County residents. CHI will screen people for potential mental health referrals, and train and certify key staff from partner agencies in affordable health insurance access. More than 5,000 residents have been screened year to date and 15 people have been trained and certified to support health insurance access.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		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.
		211: United Way of the Bay Area received a $95,000 grant (even split with eight KFH hospital service areas) to support 211 services that provide health and human services resources and information for people who call, text, or visit the 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 the 211 Bay Area website.
Healthy Eating Active Living	In 2018, there were 25 grants totaling $464,505.57 that addressed Health Eating Active Living in the KFH-Vallejo service area.	**Food Insecurity**: Community Action Napa Valley Food Bank received a $35,807 grant for its Aim for Health program to provide access to fresh produce for vulnerable populations. More than 67,547 pounds of food have been distributed and the program is on target to exceed 100,000 pounds by the end of the grant term.
		Nutrition and physical activity classes: Vision y Compromiso was awarded a $30,000 grant to promote healthy eating and active living through 6 to 8 nutrition/ cooking classes and 2 to 4 physical activity classes (bailoterapia) to reach 162 to 250 Latino adults in Napa County who are obese/overweight and/or at risk for chronic disease. In Q1 of grant funding, 27 residents completed a multi-session behavior modification program to reduce their risk for chronic disease. The goal is that at least 80% of participants will increase physical activity levels and improve their blood pressure rate and body mass index.
		Boys and Girls Club: Boys and Girls Clubs of Napa Valley was awarded a $30,000 grant for The Triple Play program to improve Club members knowledge of healthy habits, good nutrition, and physical fitness; increase the number of hours per day they participate in physical activities; and strengthen their ability to interact positively with others and engage in healthy relationships. At this writing, 432 children are actively participating in the program at four locations.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		CalFresh: Ole Health received a $95,000 grant to build staff capacity to conduct CalFresh outreach and enrollment and strengthen the outreach and application assistance infrastructure. Populations of focus include low-income families, seniors, and immigrants. Ole Health expects to provide training to 120 staff and reach 2,000 individuals through education and outreach.
		Parks: Play 4 All Park, Inc. received a $125,000 grant (even split with KFH-Vacaville) to support the creation of an inclusive park facility that serves children of all abilities and disabilities, ensuring that children have a safe place to play. The park will include two dog parks, two baseball fields, a splash pad, and an 8,000 square-foot play structure. Once completed, it is expected that parents and families will travel to this park from all over Solano County because of the unique play facilities.
Behavioral Health	In 2018, there were 23 grants totaling $366,769.85 that addressed Mental Health and Wellness in the KFH-Vallejo service area.	**Stigma**: County of Solano Office of Family Violence Prevention (OFVP) received a $90,000 grant (even split with KFH-Vacaville) to increase its capacity to respond to individuals within the Latino and African American communities who are victims of intimate partner violence (IPV). OFVP expects to reach 120 IPV survivors through outreach, awareness, trainings, and linkages to services. Because of the program, participants will be empowered to seek mental health care for IPV.
		Resilience: A Better Way–Berkeley received a $98,000 grant (even split with KFH-Vacaville) to partner with Fairfield High School to promote student success and resilience by providing intervention/prevention services, training, and consultation on school policies. To date, a core group of 9 to 12 school staff have attended monthly trainings and 20 students have received trauma-informed treatment through individual and group counseling.
		Human trafficking: KFH-Vacaville provided a $20,000 grant (even split with KFH-Vallejo) to 3Strands Global, Inc. to provide a trauma-informed education program to prevent human trafficking and to serve human trafficking victims. The program trained 1,100 educators, who support 25,000 students, in Solano County.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		Adverse childhood experiences: A $30,000 grant was awarded to Cope Family Center to support Resilient Napa, a coalition focused on awareness about adverse childhood experiences (ACEs). Though this multi-sector coalition, Resilient Napa will engage 1,500 behavioral and social services providers, and community members. At the end of the project, 85% of trained paraprofessionals will demonstrate greater knowledge about ACEs, their connection to health outcomes, their own ACEs score, and potential strategies for managing the impact of ACEs on their personal and professional lives.
Community & Family Safety	In 2018, there were 12 grants totaling $281,500.00 that addressed Community and Family Safety in the KFH-Vallejo service area.	**Job training**: A $40,000 grant to On the Move will provide education, job training, and enrichment programs for 210 low-income Napa County youth with a specific focus on the low-income Latino population, many of whom were impacted by the 2017 Wildfires. At least 90% of participants will report improvement in three program domains: college readiness, career exploration, and leadership readiness.
		After school programs: KFH-Vallejo provided a $50,000 grant to The Leaven to expand after-school programs for Vallejo youth. This funding enabled The Leaven to open two new after-school centers at low-income housing developments in Vallejo to help 60 low-income, at-risk youth achieve academic success through tutoring and mentoring.
		Vocational skills: The Robby Poblete Foundation received a $20,000 grant (even split with KFH-Vacaville) to raise awareness of, and provide training in, vocational skills to equip young adults who don't have plans to go to college and reentry individuals in Solano County with skills that are in high demand in the workforce. This program will conduct outreach to 65,000 Solano County residents, focusing on public high school juniors and seniors, adult and alternative school students, and Solano County Superior Court’s parole reentry program participants.
		Financial literacy and workforce skills: Junior Achievement of Northern California received a $10,000 grant (even split with KFH-Vallejo) to support 250 low- to moderate-income middle and high school youth in Solano County develop financial literacy and 21st century workforce skills.

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 PERMANENTE®
in the community

III. KFH-Walnut Creek Community Served

A. Kaiser Permanente's Definition of Community Served

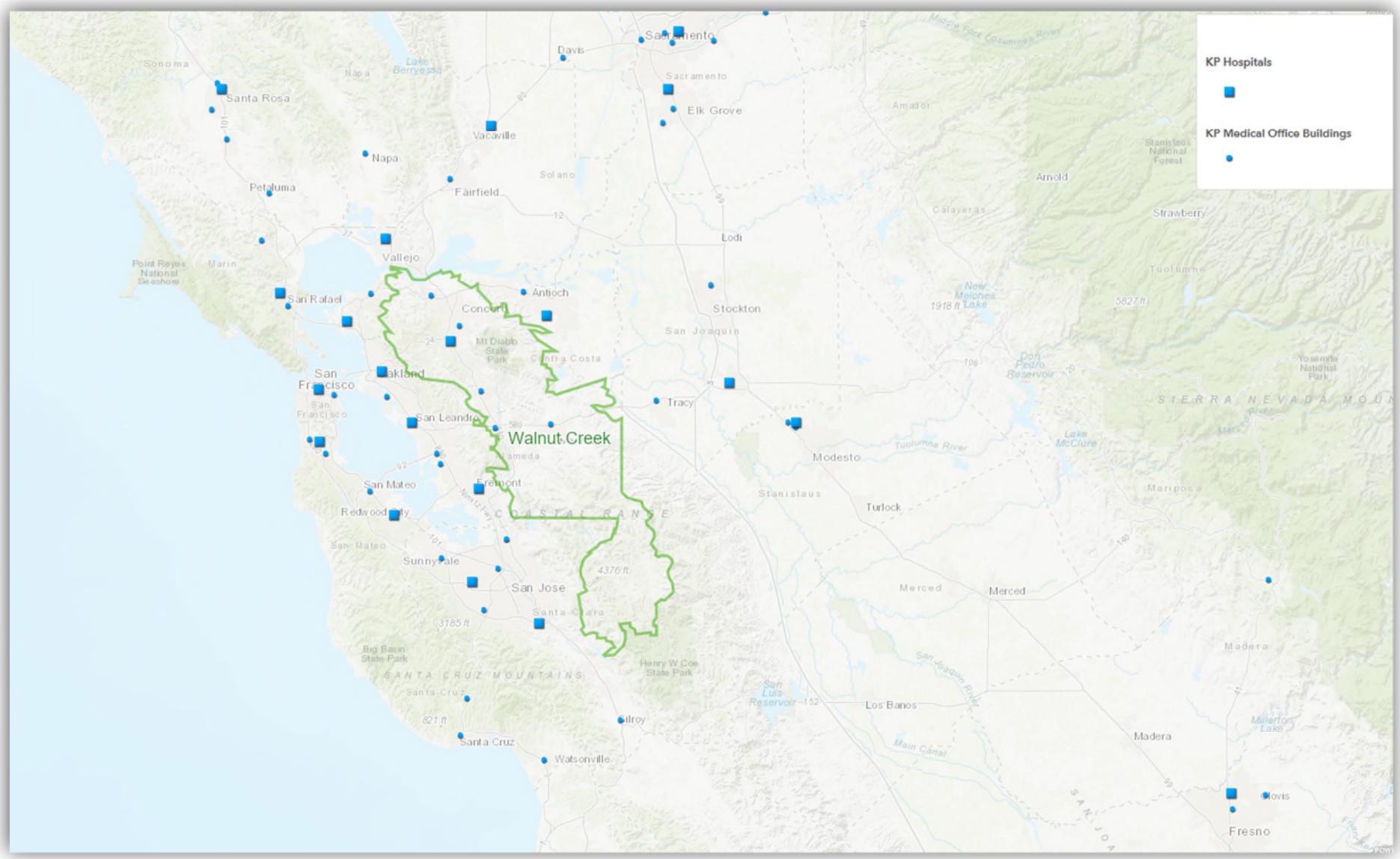
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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.	**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).
		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.
		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.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		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.
Healthy Eating Active Living	In 2018, there were 42 grants totaling $464,536.90 that addressed Health Eating Active Living in the KFH-Walnut Creek service area.	**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.
		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.
		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.
		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.
		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.

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.	**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.
		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.
		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.

Kaiser Foundation Hospital – Southern California Region

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

WEST 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.

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III. KFH-West Los Angeles Community Served

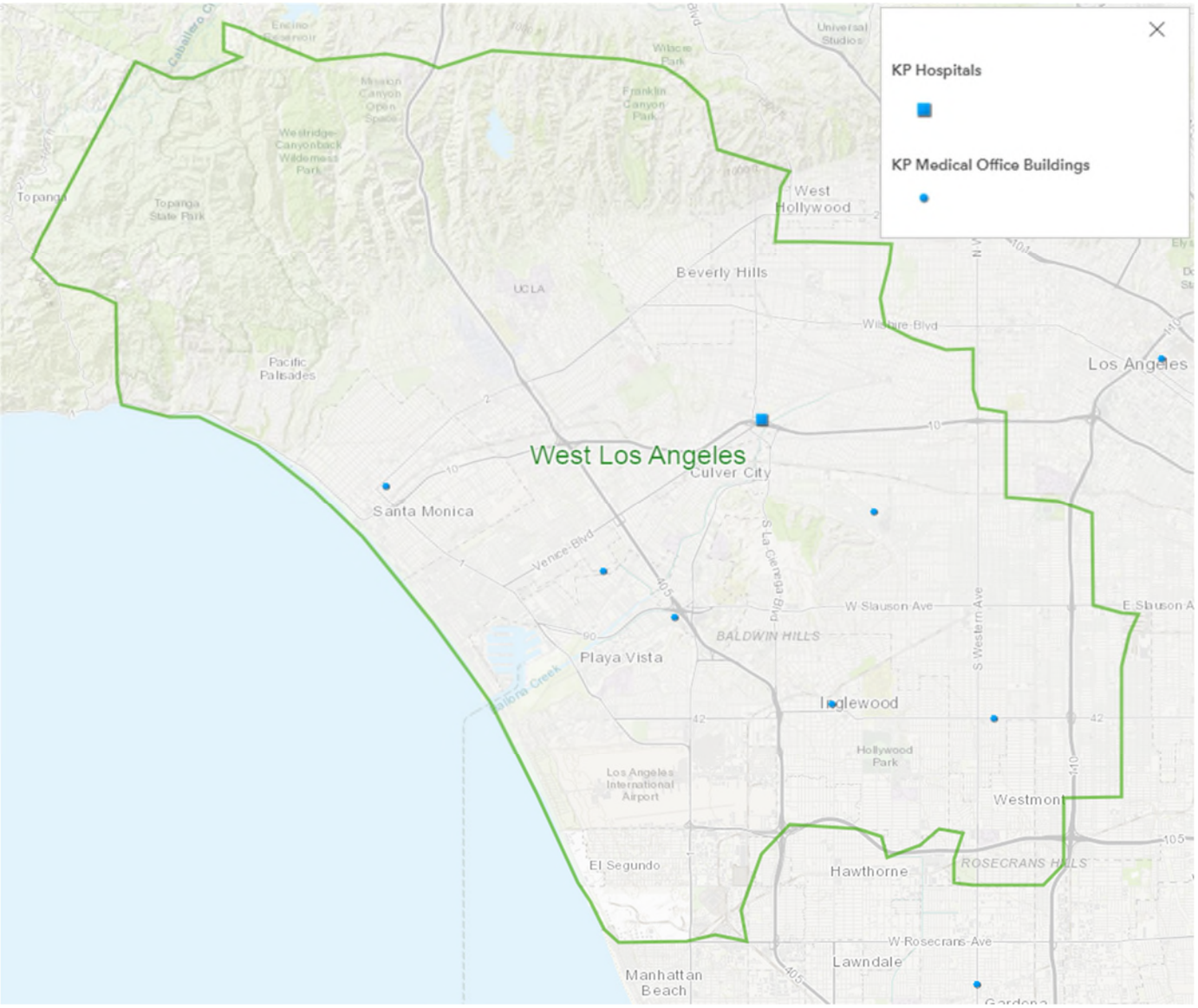
A. Kaiser Permanente's Definition of Community Served

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-West Los Angeles service area covers 7 cities and some unincorporated areas. The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Santa Monica, West Hollywood, and Los Angeles. The city of Los Angeles includes the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, Venice, Vermont Knolls, West Adams, Westchester, Westwood, and Wilshire among others. Unincorporated areas include Ladera Heights, Lennox, Marina del Rey, View Park, Westmont, Windsor Hills and others.

KFH-West 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-West 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	1,428,288	Living in Poverty (<100% Federal Poverty Level)	19.29%
Asian	8.39%	Children in Poverty	27.40%
Black	19.71%	Unemployment	4.1%
Hispanic/Latino	34.95%	Uninsured Population	14.82%
Native American/Alaska Native	0.10%	Adults with No High School Diploma	17.40%
Pacific Islander/Native Hawaiian	0.12%		
Some Other Race	0.48%		
Multiple Races	2.90%		
White	33.35%		

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

The following are the health needs that KFH-West 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 care is defined as access to high quality, affordable, holistic and culturally responsive care. In the KFH-West Los Angeles service area, barriers to access to care include not only high rates of uninsured residents, but also a service provider shortage in some communities, a lack of a culturally responsive healthcare workforce and an overdependence among younger residents on emergency care (instead of preventive care). More specifically, more than one in four (25.7%) residents between the ages of 18 and 64 are uninsured. Additionally, nearly one in twenty people (4.11%) in the KFH-West Los Angeles service area live in a Health Professional Shortage Area (HPSA). Approximately one in six residents in the KFH-West Los Angeles service area (16.7%) experience a lack of usual source of primary care. However, South Los Angeles communities have a very high penetration of community clinics into the total population. Between 22.5% and 28.4% of the populations in ZIP codes 90037, 90003, 90062 and 90044 receive care at community clinics.

B. Economic Security

Economic security is defined as having stable access to employment, educational and housing opportunities, and other factors that influence health including access to affordable fresh food. In the KFH-West Los Angeles service area, one in five (20.3%) residents live on an income below 100% of the federal poverty level. Nearly one third of the children (31.5%) in the service area are living below the federal poverty level. About one sixth (14.6%) of the service area population experiences food insecurity. In addition, the unemployment rate in the KFH-West Los Angeles service area (8.9) is higher than Los Angeles County (5.5). For these reasons, economic security issues of focus in the KFH-West Los Angeles service area include affordable housing, employment opportunities in communities with high concentrations of residents with low education levels, and utilization of affordable food programs.

C. Mental and Behavioral Health

Mental and Behavioral Health is a combination of Mental Health and Alcohol Abuse, Substance Abuse and Tobacco Use. Mental health refers not only to the absence of negative mental health states (anxiety, depression, mental illness) but also the presence of positive mental health states (self-worth, satisfaction, effective emotional regulation, etc.). Nearly one in five (18%) adults in the KFH-West Los Angeles service area self-reported that there was a time during the past 12 months when they felt they might need to see a professional because of problems with their mental health, emotion, nerves or use of alcohol or drugs. KFH-West Los Angeles (168.6) also exceeded LA County (125.8) and the state (102.5) in the rate of alcohol and drug induced mental health disease per 100,000. In the KFH-West Los Angeles

service area, women are more impacted by depression than men. Nearly one in ten (10.1%) women in the service area suffer from depression.

D. Obesity/HEAL/Diabetes

Obesity/HEAL/Diabetes is a combination of Diabetes, Obesity/Overweight, and Healthy Behaviors or HEAL (healthy eating, active living). Nearly one third (30.7%) of the population of the KFH-West Los Angeles service area 12 years of age and older are overweight, and nearly one-fifth (19.6%) are obese. Over two-fifths (43.12%) of the children in grades 5, 7 and 9 in the KFH-West Los Angeles service area were in the “High Risk” zone for body composition according to the Fitnessgram physical fitness test. Additionally, nearly three times as many adults in the KFH-West Los Angeles service area (8.2 per 10,000) were hospitalized for uncontrolled diabetes as in California (2.8 per 10,000). Given the high rates of diabetes and obesity in the service area, access to healthy food, opportunities for leisure and physical activity, and greater support for communities adopting healthy behaviors and improving access to chronic disease management are areas of focus for KFH-West Los Angeles investments in Obesity/HEAL/Diabetes.

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

A. 2018 Community Benefit Financial Resources Provided by KFH-West 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: KFH-West Los Angeles 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$24,144,054
Charity care: Medical Financial Assistance Program[2]	$8,764,854
Grants and donations for medical services[3]	$145,551
Subtotal	***$33,054,459***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$1,057,049
Summer Youth and INROADS programs[5]	$139,289
Grants and donations for community-based programs[6]	$349,709
Community Benefit administration and operations[7]	$437,269
Subtotal	***$1,983,316***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$56,516
Kaiser Permanente Educational Theatre	$413,638
Community Giving Campaign administrative expenses	$8,956
Grants and donations for the broader community[9]	$118,445
National board of directors fund	$16,179
Subtotal	***$611,734***
Health Research, Education, and Training	
Graduate Medical Education	$194,902
Non-MD provider education and training programs[10]	$786,129
Grants and donations for health research, education, and training[11]	$59,714
Health research	$463,072
Subtotal	***$1,503,817***
Total Community Benefits Provided	**$37,153,326**

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.

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.

B. 2018 Examples of KFH-West 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-West 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:

- The Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In 2018, WLC provided services to 1,112 individuals (predominately of African-American and Latino descent), reaching 252 children, 493 teens and young adults, and 367 adults.
- 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 134 events in 26 schools in the KFH-West Los Angeles communities, reaching 11,744 youth and 1,195 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	*During 2018, Kaiser Permanente paid 11 grants, totaling $396,667, addressing the priority health need in the KFH-West 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.*	**Providing Affordable Healthcare** In 2018, KFH- West Los Angeles provided $24,144,054 in medical care services to 27,774 (both health plan members and non-members) and $8,764,854 in medical financial assistance (MFA) for 8,590 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Providing Free Medical Procedures to the Uninsured Venice Family Clinic (VFC) provides affordable health care for low-income, uninsured, and homeless families and individuals. Over two years (2017-2018), 54 KFH-West Los Angeles staff members and physicians collaborated with VFC to: • Offer free medical procedures and surgeries for 51 uninsured patients; including gallbladder removal, hernia repair, eye surgery, and diagnostic colonoscopies. • Serve 228 specialty care patients to date.

Need	Summary of impact	Examples of most impactful efforts
		Increasing Access to Mental Health Care The Alcott Center (AC) coordinates with the Pico Robertson Health Neighborhood (PRHN) to conduct a Department of Mental Health placed-based initiative that brings agencies together to prevent or reduce the incidence of mental illness and increase access to care. Over two years (2017-2018), KFH-West Los Angeles paid AC $15,000 in grant funds to AC to: • Work with service providers to meet monthly to cross refer and coordinate care for clients experiencing mental health conditions. Partners include health care and mental health service providers, homeless services providers, and faith-based organizations. • Process more than 400 referrals and engage approximately 25% of those individuals in services. • Host two educational seminars: “Suicide Awareness Month,” and “Tech Games and Social Media.”
Economic Security	*During 2018, Kaiser Permanente paid 9 grants, totaling $234,000, addressing the priority health need in the KFH-West Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling $383,333 that address this need.*	**Building the Capacity of Small Businesses** Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016 KFH-West LA joined this county-wide initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned
		Contracting Social Enterprises Social enterprises are competitive, revenue-generating businesses with a clear social mission to hire and provide training to people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises provide a real paying job and often provide wraparound services that help employees build skills and stabilize their lives. Kaiser Permanente supports these businesses by identifying and creating contractual relationships. Over two years (2017 and 2018), KFH-West LA contracted with the following social enterprise(s): • Njoga Coffee, a small coffee cart, that distributes coffee to KP facilities.

Need	Summary of impact	Examples of most impactful efforts
		Building Safety Net Provider Capacity~* The Charles Drew University of Medicine & Science's program works to alleviate the financial burden of undergraduate and graduate education that can prevent low socioeconomic students from completing their education. Recipients of these scholarships are required to work in the safety net for a period of 2 years following graduation. Over two years (2017 and 2018), Kaiser Permanente paid $666,667 to the university to: • Award eight students a total of $215,833 in scholarships. • Award 12 additional scholarships ranging from $3,750 to $14,833 to students in the programs of nursing, family nurse practitioner, physician assistant, or school of medicine.
		Developing Workforce Pipeline for the Safety Net~* The Community Clinic Association of Los Angeles County (CCALAC) aims to increase and develop the safety net health care workforce through a pipeline initiative. In 2018, Kaiser Permanente paid $250,000 to CCALAC to: • Implement at least two student exposure programs, training rotations and experiential learning opportunities within member clinics annually for up to 40 students. • Pilot a Nurse Practitioner Residency program that will provide 10 new graduates with a residency placement in five-member clinics annually. • Develop an allied health training program to provide resources, trainings, and toolkits to strengthen clinic recruitment, onboarding, and retention efforts.

Need	Summary of impact	Examples of most impactful efforts
		Training Leaders in Service of Community Health~ The Los Angeles Albert Schweitzer Fellowship (ASF) program aims to reduce disparities in health and healthcare by developing "leaders in service" who are dedicated to helping underserved communities. ASF selects Fellows from diverse universities and disciplines (i.e. medicine, dentistry, pharmacy, occupational therapy, psychology, public health, law, social work, etc.) annually to participate in the yearlong service project and awards each Fellow with a stipend of $2,500. Over two years (2017-2018 fellowship class), Kaiser Permanente paid $90,000 to ASF to: • Recruit and train nine Fellows for the 2017-2018 fellowship class. • Support the 2017-2018 fellowship class to develop a plan of action and implement a community project to address local unmet health needs. • Review and prepare for the 2018-2019 fellowship class by selecting eight Fellows for year two.
		Increasing Trainings and Employment for Low-Income Communities The Asian American Drug Abuse Program (AADAP) partnered with the West Adams Work Source Center to improve employment among low-income communities. This project provides training programs that prepare individuals for entry-level positions in the medical field, opening doors for further career advancements. Over two years (2017 and 2018), Kaiser Permanente paid $20,000 to AADAP to: • Screen over 200 individuals for their field-of-interest in healthcare. • Enroll approximately 65 students into the following training programs: Medical Assistant, Medical Record Insurance Biller, Nurse Assistant/Long Term Care and Home Health Aide, and Phlebotomy Technician.

Need	Summary of impact	Examples of most impactful efforts
		Addressing Homelessness in Emergency Rooms Special Service for Groups (SSG) conducts a homeless outreach program at Kaiser's West Los Angeles Medical Center to reduce the number of inappropriate and frequent emergency room visits by homeless individuals. The program is designed to stabilize individuals experiencing homelessness by providing case management, crisis housing, benefits enrollment and linkages to mental health and substance abuse services. Over two years (2017 and 2018), Kaiser Permanente paid $108,000 to paid Special Service for Groups to: • Innovate a Homeless Navigator that reviews and processes all referrals made by KP social workers. In the past 2 years, SCG has successfully responded and addressed more than 200 referrals. • Place 37 individuals in permanent supportive housing.
Mental and Behavioral Health	*During 2018, Kaiser Permanente paid 12 grants, totaling $319,500, addressing the priority health need in the KFH-West Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.*	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Improving Services for Human Trafficking Survivors~ The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
		Integrating Mental Health and Primary Care Practices* The Achievable Foundation Whole Person Care Project improves access and connection to mental health care in a clinical setting. In 2018, Kaiser Permanente paid the foundation $40,000 to: • Develop and implement policies and systems for integrating mental health contracting, billing, shared care plans, and quality improvement measures into the primary care delivery model. • Screen up to 1,900 primary care patients for mental health and substance abuse. • Provide care coordination and referral care services to screened patients.
		Empowering Families in South Los Angeles The EduCare Foundation is a youth empowerment and character-building program for at-risk students and families in South Los Angeles. It offers an intense three-day retreat to improve social and emotional intelligence, self-awareness, time management, relationships and decision making. Over two years (2017-2018), Kaiser Permanente paid $20,000 to EduCare to: • Facilitate 20 student workshops for more than 1,500 students. • Host 13 professional development workshops for 160 teachers and staff. • Conduct 11 parent workshops for 400 parents.

Need	Summary of impact	Examples of most impactful efforts
		Integrating Mental Health Services and Youth Development Social Justice Learning Institute (SJLI) Urban Scholars facilitates a social justice youth development curriculum that focuses on community building, healing and identity, college access and critical consciousness. Students receive academic development support, research training, and skills-building in organization and policy advocacy. In 2018, Kaiser Permanente paid $10,000 to SJLI to: • Served 89 at-risk youth in Compton, Inglewood, and South Los Angeles. • Increase staff capacity to strengthen mental health outreach efforts to low-income student of color. • Reduce stigma associated with addressing mental health.
Obesity / HEAL/ Diabetes	*During 2018, Kaiser Permanente paid 26 grants, totaling 1,575,742, addressing the priority health need in the KFH-West Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used*	**Improving Access to Nutritious Foods~*** California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, KP paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

Need	Summary of impact	Examples of most impactful efforts
	to pay 5 grants, totaling $836,111 that address this need.	**Advocating for Maternal, Infant, and Child Health~** 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: • 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.
Obesity / HEAL/ Diabetes		**Fighting Food Insecurity~** 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: • 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.

Need	Summary of impact	Examples of most impactful efforts
		Addressing Chronic Conditions in the Community Wise & Healthy Aging improves the health of low-income communities by educating and empowering community members to address chronic disease. This includes implementing evidence-based health promotion and disease prevention workshops facilitated by community members. Over two years (2017-2018), Kaiser Permanente paid $45,000 to Wise & Healthy Aging to: • Train volunteers to conduct an evidence-based programs at 16 organizations. • Offer 10 to 12 six-week workshops serving about 100 individuals annually. • Educate 100 elders how to manage and prevent chronic conditions.
		Providing Healthy Options for the Community Over two years (2017-2018), Kaiser Permanented provided various activities to engage community residents and promote Healthy Eating and Active Living, including: • Two weekly public Farmers Markets at their Medical Center and Baldwin Hills Crenshaw Medical Office facilities. Each market provides access to local, fresh produce and healthy prepared food options to thousands of individuals annually. • Full range of no-cost physical activity classes are offered. These include, Soul Line Dancing, Zumba and traditional fitness classes. Every week, approximately 300 individuals benefit from these activities.

Kaiser Foundation Hospital – Southern California Region

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

WOODLAND HILLS

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

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III. KFH-Woodland Hills and West Ventura County Community Served

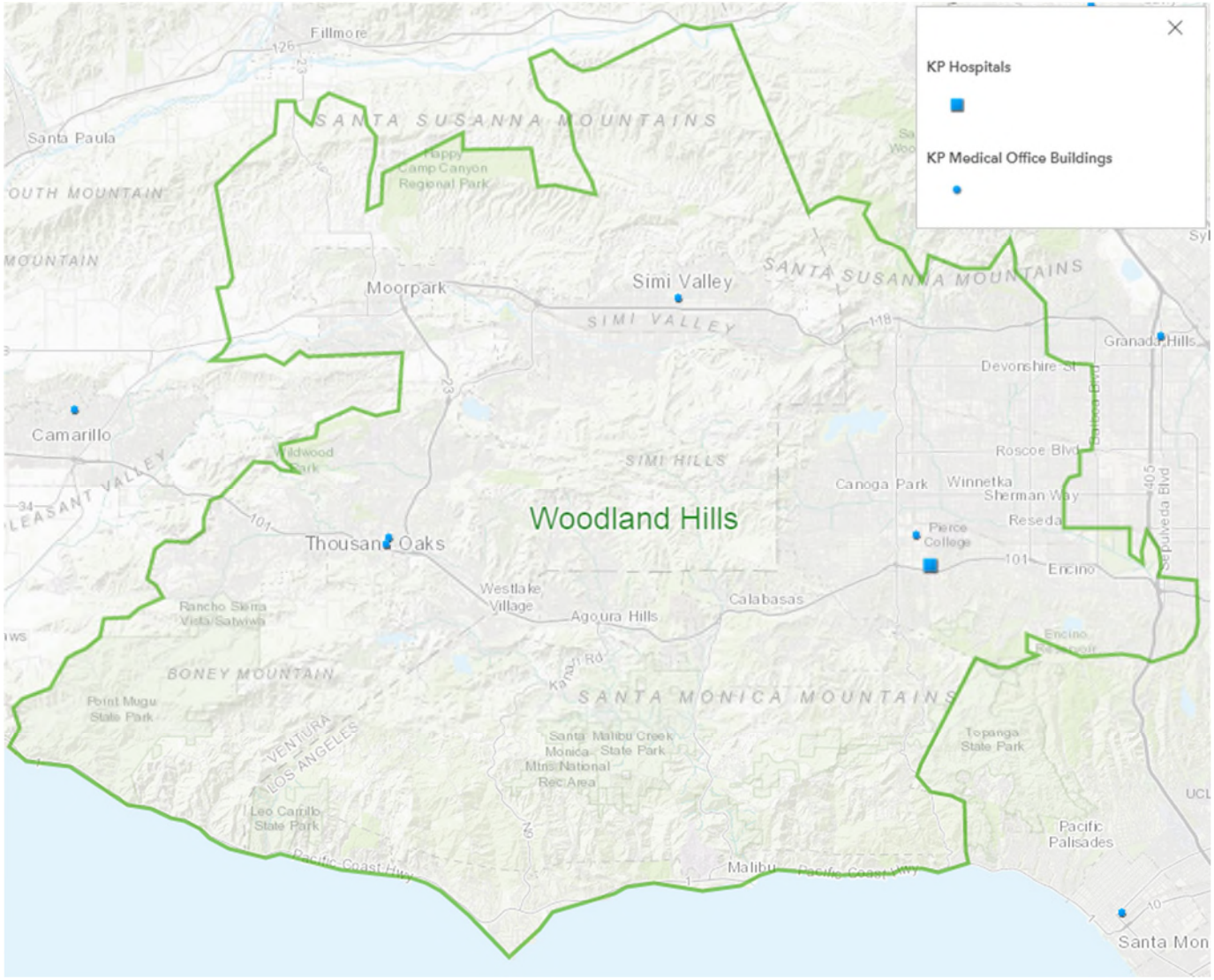
A. Kaiser Permanente's Definition of Community Served

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.

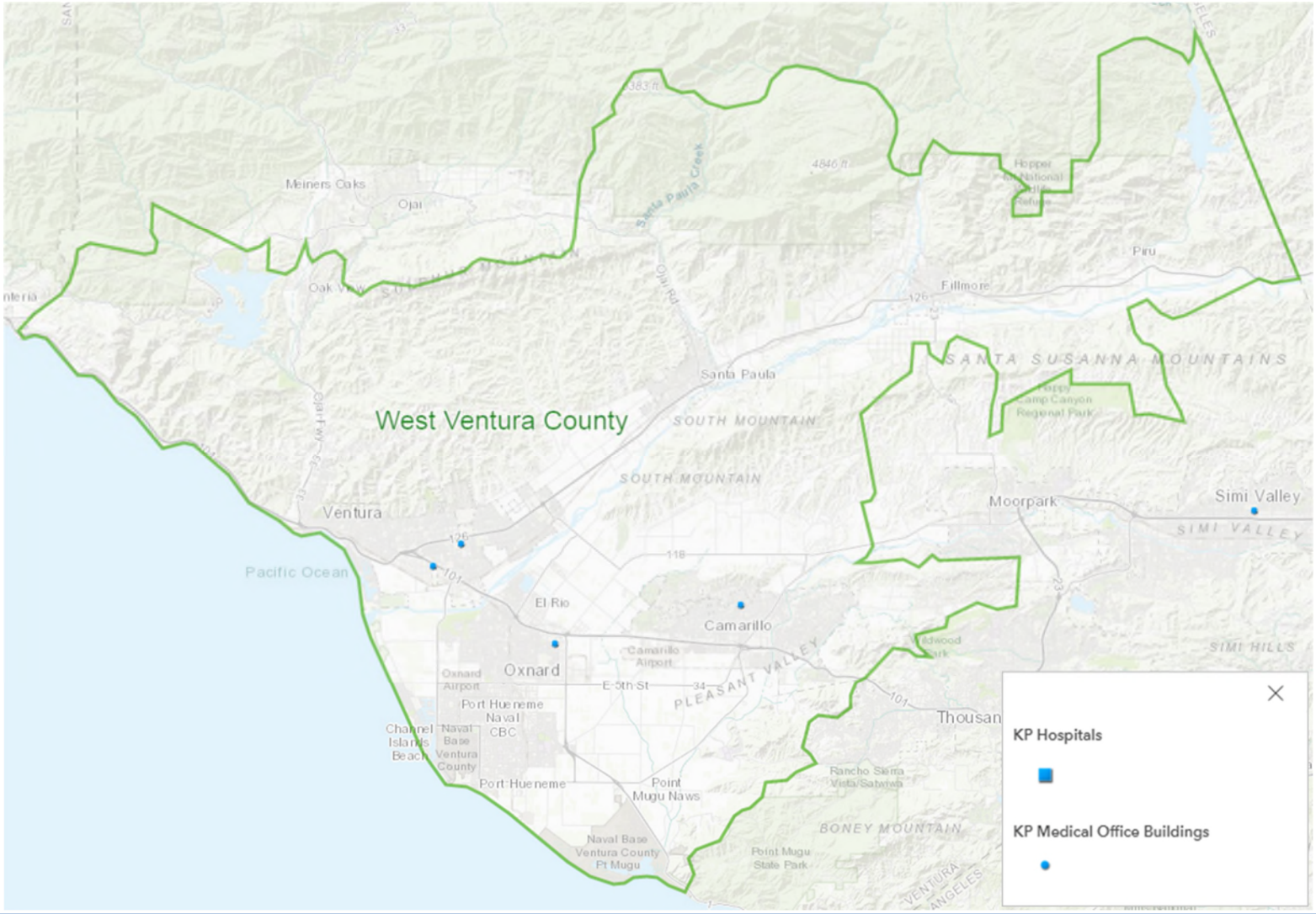
B. Map and description of community served

The KFH-Woodland Hills and West Ventura County service areas include the west end of the San Fernando Valley and Ventura County, including the communities of Agoura, Calabasas, Camarillo, Canoga Park, Chatsworth, Encino, Fillmore, Moorpark, Newbury Park, Northridge, Oxnard, Porter Ranch, Reseda, Santa Paula, Sherman Oaks (west), Simi Valley, Tarzana, Thousand Oaks, Topanga, Ventura, Winnetka, and Woodland Hills.

KFH-Woodland Hills Service Area Map



West Ventura County Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Woodland Hills and West Ventura County service areas. 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.

KFH-Woodland Hills Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	944,593	Living in Poverty (<100% Federal Poverty Level)	10.32%
Asian	11.64%	Children in Poverty	12.59%
Black	3.05%	Unemployment	4.0%
Hispanic/Latino	26.17%	Uninsured Population	10.40%
Native American/Alaska Native	0.20%	Adults with No High School Diploma	10.70%
Pacific Islander/Native Hawaiian	0.12%		
Some Other Race	0.25%		
Multiple Races	2.94%		
White	55.63%		

West Ventura County Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	502,738	Living in Poverty (<100% Federal Poverty Level)	13.49%
Asian	5.87%	Children in Poverty	20.32%
Black	1.96%	Unemployment	3.8%
Hispanic/Latino	55.40%	Uninsured Population	14.98%
Native American/Alaska Native	0.32%	Adults with No High School Diploma	22.50%
Pacific Islander/Native Hawaiian	0.14%		
Some Other Race	0.12%		
Multiple Races	2.11%		
White	34.08%		

IV. Description of Community Health Needs Addressed by KFH-Woodland Hills and West Ventura County

The following are the health needs that KFH-Woodland Hills and West Ventura County 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

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. In the KFH-Woodland Hills service area, the absence of health insurance and lack of access to primary care providers are significant barriers to accessing health care. Though only 8.53% of non-Hispanic Whites are uninsured, all other race/ethnic groups face significantly higher rates of being uninsured. In particular, lack of health insurance is highest among Native Hawaiian/Pacific Islanders (39.98%), other races alone (32.97%), and Hispanic/Latinos (27.92%). Furthermore, there are fewer primary care providers per 100,000 population in the KFH-Woodland Hills service area (72.5) than in California (77.25). Additionally, more adults in the KFH-Woodland Hills service area (16.10%) report lacking a consistent primary care provider than in the state (14.30%), with the greatest lack of consistent primary care among Hispanics/Latinos (23.03%). This health need was chosen as it was prioritized by community members in the CHNA, and as KFH-Woodland Hills has a wealth of existing partnerships that can help attend to this issue.

B. Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. It is a primary social determinant of health, as economic insecurity has been linked to increased risk of chronic disease, mental health problems, deprived child development, and premature death. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Woodland Hills service area, unemployment and housing issues present significant barriers to economic security. The unemployment rate is higher than it is nationwide (7.3% versus 6.1%), and 48.32% of households in this service area (versus 35.47% nationally) report housing costs exceeding 30% of total household income. Moreover, the rate of HUD (U.S. Department of Housing and Urban Development)-funded assistance housing units available to eligible renters is only 402 units per 10,000 total households in the service area (versus 1399 and 1468 per 10,000 total households in the state and nationwide). This health need was further selected, as it received a high priority ranking in the CHNA, and KFH-Woodland Hills has many existing partnerships that can be used to address this issue.

C. Mental and Behavioral Health

Mental and behavioral 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 and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Woodland Hills service area include the racial/ethnic disparities evidenced in suicide rates and in the need for professional health care, as well as the high prevalence of liquor stores. Although the suicide rate in the area meets the Healthy People 2020 benchmark overall, the suicide rate for non-Hispanic Whites is significantly worse than the benchmark, and is over two fold greater than for any other race/ethic group in the area (13.31 suicides per 100,000). Additionally, 16.35% of individuals in the service area reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs (relative to 14.30% in the state), with Non-Hispanic Blacks (20.12%) and non-Hispanic Whites (17.78%) reporting the highest need for mental health care.

D. Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Though lower than the national rate, the prevalence of diabetes in KFH-Woodland Hills has increased since 2013. Specific challenges to healthy eating and active living (HEAL) in the area include the nutrition and physical environment, and specifically, a high proportion of fast food restaurants, long daily commutes to work, and lack of walkability for transit. Identified drivers for diabetes in the service area are physical inactivity among adults and high access to liquor stores. Additionally, the percentage of adults who consume excess alcohol is higher in Ventura County than in the state. This health need was selected as community members prioritized diabetes as a health need in the CHNA, and because of the number of KFH-Woodland Hills' existing resources that can help address this issue.

V. 2018 Year-End Results for KFH-Woodland Hills and West Ventura County

A. 2018 Community Benefit Financial Resources Provided by KFH-Woodland Hills and West Ventura County

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: KFH-Woodland Hills and West Ventura County 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$15,156,636
Charity care: Medical Financial Assistance Program[2]	$7,321,831
Grants and donations for medical services[3]	$150,379
Subtotal	***$22,628,846***
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs[5]	$35,878
Grants and donations for community-based programs[6]	$374,233
Community Benefit administration and operations[7]	$65,342
Subtotal	***$475,453***
Benefits for the Broader Community[8]	
Community health education and promotion programs	$58,563
Kaiser Permanente Educational Theatre	$311,770
Community Giving Campaign administrative expenses	$9,620
Grants and donations for the broader community[9]	$94,331
National board of directors fund	$17,380
Subtotal	***$491,664***
Health Research, Education, and Training	
Graduate Medical Education	$945,706
Non-MD provider education and training programs[10]	$438,724
Grants and donations for health research, education, and training[11]	$42,663
Health research	$497,461
Subtotal	***$1,924,554***
Total Community Benefits Provided	**$25,520,517**

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-Woodland Hills and West Ventura County 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-Woodland Hills 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-Woodland Hills and West Ventura County. 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-Woodland Hills and West Ventura County 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 71 events in 24 schools in the KFH-Woodland Hills communities, reaching 7,350 youth and 436 adults. In 2018, Educational Theater provided 30 events in 14 schools in the KFH-West Ventura communities, reaching 4,517 youth and 271 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2018, Kaiser Permanente paid 12 grants, totaling $601,667, addressing the priority health need in the KFH-Woodland Hills and West Ventura County service areas. 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.	**Providing Affordable Healthcare** In 2018, KFH-Woodland Hills provided $15,156,636 in medical care services to 16,295 Medi-Cal recipients (both health plan members and non-members) and $7,321,831 in medical financial assistance (MFA) for 6,535 beneficiaries.
		Building Primary Care Capacity~ 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: • 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.
		Preserving and Expanding California Coverage Gains~ 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: • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees 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.
		Promoting Primary Health Care Services Westminster Free Clinic (WFC) provides free primary health care and health related service including dental, vision, mental and behavioral health to uninsured patients and engage bilingual teen interns in targeted advocacy efforts to improve healthy food access

Need	Summary of impact	Examples of most impactful efforts
		in area Latino market. Over two years (2017-2018), Kaiser Permanente paid $40,000 to WFC to: • Provide free healthcare and health-related services to over 3,300 patients. • Facilitate chronic disease prevention programs (health education, Zumba, yoga, and diabetes clinic) for over 500 patients. • Conduct a year-long comprehensive chronic disease prevention program for 245 low-income uninsured individuals. • Partner with 30 teen promotores and 8 Latino markets in 5 cities of Ventura County to screen individuals for hypertension and diabetes and referring them to other community resources for further testing.
		Expanding Trainings to Assist the Elderly Caregivers Volunteers Assisting the Elderly (CVAE) provides transportation and other practical support to vulnerable, low-income senior population in Ventura County. The purpose of this volunteer-based program is to ensure access to healthcare, medical and lab appointments, shopping and pharmacy trips, as well as combating social isolation at no cost to the recipient. Over two years (2017-2018), Kaiser Permanente paid $40,000 to CVAE to: • Provide 500 seniors with practical living support and/or transportation to medical appointments, pharmacies, markets, etc. • Enroll 500 seniors in the program, of which 435 seniors remained living in their homes without transitioning into assisted living. • Recruit, screen, and train 41 new volunteers to work with seniors one-on-one.

Need	Summary of impact	Examples of most impactful efforts
Economic Security	During 2018, Kaiser Permanente paid 11 grants, totaling $350,485, addressing the priority health need in the KFH-Woodland Hills and West Ventura County service areas.	**Building the Capacity of Small Businesses** Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016, KFH-Woodland Hills joined this county-wide initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned.
		Contracting Social Enterprises Social enterprises are competitive, revenue-generating businesses with a clear social mission to hire and provide training to people who are striving to overcome employment barriers including homelessness, incarceration, substance abuse, mental illness, and limited education. Social enterprises provide a real paying job and often provide wraparound services that help employees build skills and stabilize their lives. Kaiser Permanente supports these businesses by identifying and creating contractual relationships. Over two years (2017-2018), KFH-Woodland Hills contracted with the following social enterprise(s): • Fleet Street Bikes where the Woodland Hills Public Affairs Department purchased bikes to auction off at sponsored events for nonprofit organizations and Fleet Street uses the proceeds to train at risk youth (including residents of Pacific Lodge Youth Services) on how to refurbish used bicycles and then donate them to people in need.

Need	Summary of impact	Examples of most impactful efforts
		Building Safety Net Provider Capacity~* The Charles Drew University of Medicine & Science's program works to alleviate the financial burden of undergraduate and graduate education that can prevent low socioeconomic students from completing their education. Recipients of these scholarships are required to work in the safety net for a period of 2 years following graduation. Over two years (2017-2018), Kaiser Permanente paid $666,667 to the university to: • Award eight students a total of $215,833 in scholarships. • Award 12 additional scholarships ranging from $3,750 to $14,833 to students in the programs of nursing, family nurse practitioner, physician assistant, or school of medicine.
		Developing Workforce Pipeline for the Safety Net~* The Community Clinic Association of Los Angeles County (CCALAC) aims to increase and develop the safety net health care workforce through a pipeline initiative. In 2018, Kaiser Permanente paid $250,000 to CCALAC to: • Implement at least two student exposure programs, training rotations and experiential learning opportunities within member clinics annually for up to 40 students. • Pilot a Nurse Practitioner Residency program that will provide 10 new graduates with a residency placement in five-member clinics annually. • Develop an allied health training program to provide resources, trainings, and toolkits to strengthen clinic recruitment, onboarding, and retention efforts.

Need	Summary of impact	Examples of most impactful efforts
		Training Leaders in Service of Community Health~ The Los Angeles Albert Schweitzer Fellowship (ASF) program aims to reduce disparities in health and healthcare by developing "leaders in service" who are dedicated to helping underserved communities. ASF selects Fellows from diverse universities and disciplines (i.e. medicine, dentistry, pharmacy, occupational therapy, psychology, public health, law, social work, etc.) annually to participate in the yearlong service project and awards each Fellow with a stipend of $2,500. Over two years (2017-2018 fellowship class), Kaiser Permanente paid $90,000 to ASF to: • Recruit and train nine Fellows for the 2017-2018 fellowship class. • Support the 2017-2018 fellowship class to develop a plan of action and implement a community project to address local unmet health needs. • Review and prepare for the 2018-2019 fellowship class by selecting eight Fellows for year two.
		Increasing Latino Medical School Applicants in California~ The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid $25,000 to LPOC to: • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants.
		Promoting Self-Sufficiency Among Vulnerable Populations The Center for Living and Learning improves self-sufficiency and financial security for individuals transitioning from residential treatment facilities into the real-world. They focus on providing employment preparation, education and peer mentoring improve employment/health outcomes for those re-entering the community, recovering from

Need	Summary of impact	Examples of most impactful efforts
		substance abuse, mental health issues, or incarceration. Over two years (2017-2018), Kaiser Permanente paid $16,660 to Center for Living and Learning to: • Provide orientations on job readiness/peer support services for 182 people re-entering the community from residential drug treatment. • Offer individualized career counseling/job readiness preparation services for 62 people. • Support 47 individuals to gain and obtain employment.
Mental and Behavioral Health	During 2018, Kaiser Permanente paid 11 grants, totaling $402,977, addressing the priority health need in the KFH-Woodland Hills and West Ventura County service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling $40,000 that address this need.	**Strengthening Mental Health Policies and Practices in Schools~** 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: • 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.
		Improving Services for Human Trafficking Survivors~ The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid $75,000 to CAST to: • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.

Need	Summary of impact	Examples of most impactful efforts
		Reducing Mental Health Stigma and Improving Resilience for LGBTQ Youth* Village Family Services aims to reduce mental health stigma and improve resilience of LGBTQ youth by providing and linking LGBTQ youth to services promoting health, wellness, and healthy social engagement in a community environment, while striving to decrease incidence of homelessness for LGBTQ youth. In 2018, Kaiser Permanente paid $40,000 to Village Family Services to: • Provide weekly support groups to 150 unduplicated LGBTQ youth and more specialized and individualized therapeutic services to at least 50 youth. • Provide at least four "Family Pride" enhanced support workshops to at least 200 parents, caregivers and foster parents of LGBTQ youth. • Conduct weekly educational outreach which will promote awareness and visibility of LGBTQ sensitivities targeting 500 people. • Provide access to medical care for 500 LGBTQ youth by connecting them through the Drop-In Center to the Valley Community Healthcare.
		Planning and Developing Safe Spaces for At-Risk Adolescents One Step a la Vez supports low-income, agricultural, isolated under-served communities with case management and social and emotional support. Over two years (2017-2018), Kaiser Permanente paid $16,310 to One Step as la Vez to: • Provide safe after school program to 140 vulnerable teens in an economically depressed and underserved agricultural area. • Work with 28 teens on probation providing case management and referrals, family engagement, visits in the juvenile facility, mentoring and goal planning, transportation and assistance navigating the court system, court advocacy, and provided opportunities for service to the community. • Conduct 6 Restorative Justice Circles aimed at at-risk youth.
		Improving Accessibility Through 2-1-1 Interface Children and Family Services (ICFS) facilitates the 2-1-1 hotline that ensures text access to mental health services, housing, crises intervention and other health and human services. ICFS expanded the 2-1-1's referral helpline's two-way texting into a 24-hour service that links individuals in crisis with highly trained specialists who perform risk

Need	Summary of impact	Examples of most impactful efforts
		assessments and provide service referrals via text. Over two years (2017-2018), Kaiser Permanente paid $40,000 to ICFS to: • Provide 4,200 adults with mental health services, crisis intervention, and/or housing support. • Provide 83 youth/transition-aged youth in crisis with mental health mental health services, crisis intervention, and/or housing related. • Contact "hard to reach" population including teens, victims of human trafficking, runaway homeless youth, and homeless adults.
Obesity/ HEAL/ Diabetes	During 2018, Kaiser Permanente paid 18 grants, totaling $1,372,729, addressing the priority health need in the KFH-Woodland Hills and West Ventura County service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 6 grants, totaling $1,236,111 that address this need.	**Creating Opportunities for Active Living** This City of Ventura's Operation Splash program aims to increase opportunities for safe physical activity in low-income neighborhoods by offering underserved youth opportunities for aquatic skill acquisition and water safety instruction. Over two years (2017-2018), Kaiser Permanente paid $53,293 to the City of Ventura to: • Provide swimming lessons to 378 income-eligible 3rd to 5th graders. • Distribute 500 swim passes to youth and families. • Award 78 recreation scholarships, totaling $6,160. • Host two free family swim days with 500 youth and family participants. • Engage 500 children in "Rethink Your Drink" programming.
		Improving Access to Nutritious Foods~* California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, KP paid $212,500 to CFPA to: • Lead the implementation workgroup for the Supplemental Drinking Water EBT benefit for approximately 40,000 Cal-Fresh households in Kern County. • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.
		Advocating for Maternal, Infant, and Child Health~

Need	Summary of impact	Examples of most impactful efforts
		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: • 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.
		Fighting Food Insecurity~ 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: • 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.
		Expanding Community Gardens California State University, Northridge Foundation's (CSUN) Let's Eat Healthy initiative supports nutrition education, garden development, and the development of Wellness Councils at 5 sites including 3 schools in the high need area of Canoga Park. Over two years (2017-2018), Kaiser Permanente paid $40,000 to CSUN to:

Need	Summary of impact	Examples of most impactful efforts
		• Enhance and build community gardens at five sites serving a total of approximately 2500 community members and engaging approximately 100 community members in garden maintenance harvesting and produce distribution. • Conduct a peer to peer nutrition education program to parents at all five sites. • Provide and facilitate Wellness Councils at each of the 5 sites.
		Practicing Food Recovering and Redistribution 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 to recover 19,837.5 lbs of food and distribute to organizations serving individuals in the KFH-Woodland Hills region who face food insecurity.