

Kaiser Foundation Hospital (KFH)-Downey

Table of Contents

I. Introduction and Background

- A. About Kaiser Permanente
- B. About Kaiser Permanente Community Health
- C. Purpose of the Report

II. Overview of Community Benefit Programs Provided

- A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
- B. Medical Care Services for Vulnerable Populations
- C. Other Benefits for Vulnerable Populations
- D. Benefits for the Broader Community
- E. Health Research, Education, and Training Programs

III. KFH-Downey Community Served

- A. Kaiser Permanente's Definition of Community Served
- B. Demographic Profile of the Community Served
- C. Map and Description of Community Served

IV. KFH-Downey Community Health Needs in 2020-2022

- A. Health Needs Addressed
- B. Health Needs Not Addressed and Rationale

V. 2020 Year-End Results for KFH-Downey

- A. 2020 Community Benefit Programs Financial Resources Provided by KFH-Downey - Table C
- B. 2020 examples of KFH-Downey Grants and Programs Addressing Selected Health Needs

I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 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 75 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 Kaiser Permanente 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 2020 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego (2 Hospitals) , 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 2020, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,294,404,117 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

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

A breakdown of financial contributions is provided in Tables A and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2020 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$692,686,921
Charity care: Charitable Health Coverage Programs ²	\$292,212,296
Charity care: Medical Financial Assistance Program ³	\$94,951
Grants and donations for medical services ⁴	\$32,762,341
Subtotal	\$1,017,756,509
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs ⁶	\$692,228
Grants and donations for community-based programs ⁷	\$85,399,347
Community Benefit administration and operations ⁸	\$12,241,501
Subtotal	\$102,488,621
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$1,091,019
Kaiser Permanente Educational Theatre	\$5,784,348
Facility, supplies, and equipment (In-kind)	\$3,609,800
Community Giving Campaign administrative expenses	\$681,817
Grants and donations for the broader community ¹⁰	\$6,607,309
National Board of Directors fund	\$742,769
Subtotal	\$18,517,062
Health Research, Education, and Training	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs ¹¹	\$27,487,338
Grants and donations for the education of health care professionals ¹²	\$2,315,284
Health research	\$26,843,322
Subtotal	\$155,641,925
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,294,404,117

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ 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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ 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.
- ¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.

¹² 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 2020

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,884,734	Anaheim	\$38,125,925
Fremont	\$11,870,189	Baldwin Park	\$31,073,319
Fresno	\$17,121,944	Downey	\$46,435,644
Manteca	\$30,479,883	Fontana	\$70,060,474
Modesto	\$16,601,850	Irvine	\$16,259,901
Oakland	\$68,247,808	Los Angeles	\$61,151,477
Redwood City	\$17,113,356	Moreno Valley	\$13,907,228
Richmond	\$45,313,562	Ontario	\$19,946,787
Roseville	\$46,614,984	Panorama City	\$39,931,373
Sacramento	\$87,732,815	Riverside	\$36,807,300
San Francisco	\$37,776,000	San Diego (2 Hospitals)	\$60,564,848
San Jose	\$29,971,995	South Bay	\$34,209,359
San Leandro	\$40,190,288	West Los Angeles	\$41,447,010
San Rafael	\$18,618,231	Woodland Hills	\$24,655,944
Santa Clara	\$43,328,256		
Santa Rosa	\$34,940,812		
South Sacramento	\$71,905,940		
South San Francisco	\$14,140,089		
Vacaville	\$26,348,833		
Vallejo	\$44,781,858		
Walnut Creek	\$23,844,101		
Northern California Total	\$759,827,528	Southern California Total	\$534,576,588

B. Medical Care Services for Vulnerable Populations

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

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

Educational Outreach Program (SCAL)

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

Youth Employment Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

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

Non-MD Provider Education and Training Programs

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

Health Research

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

III. KFH-Downey 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

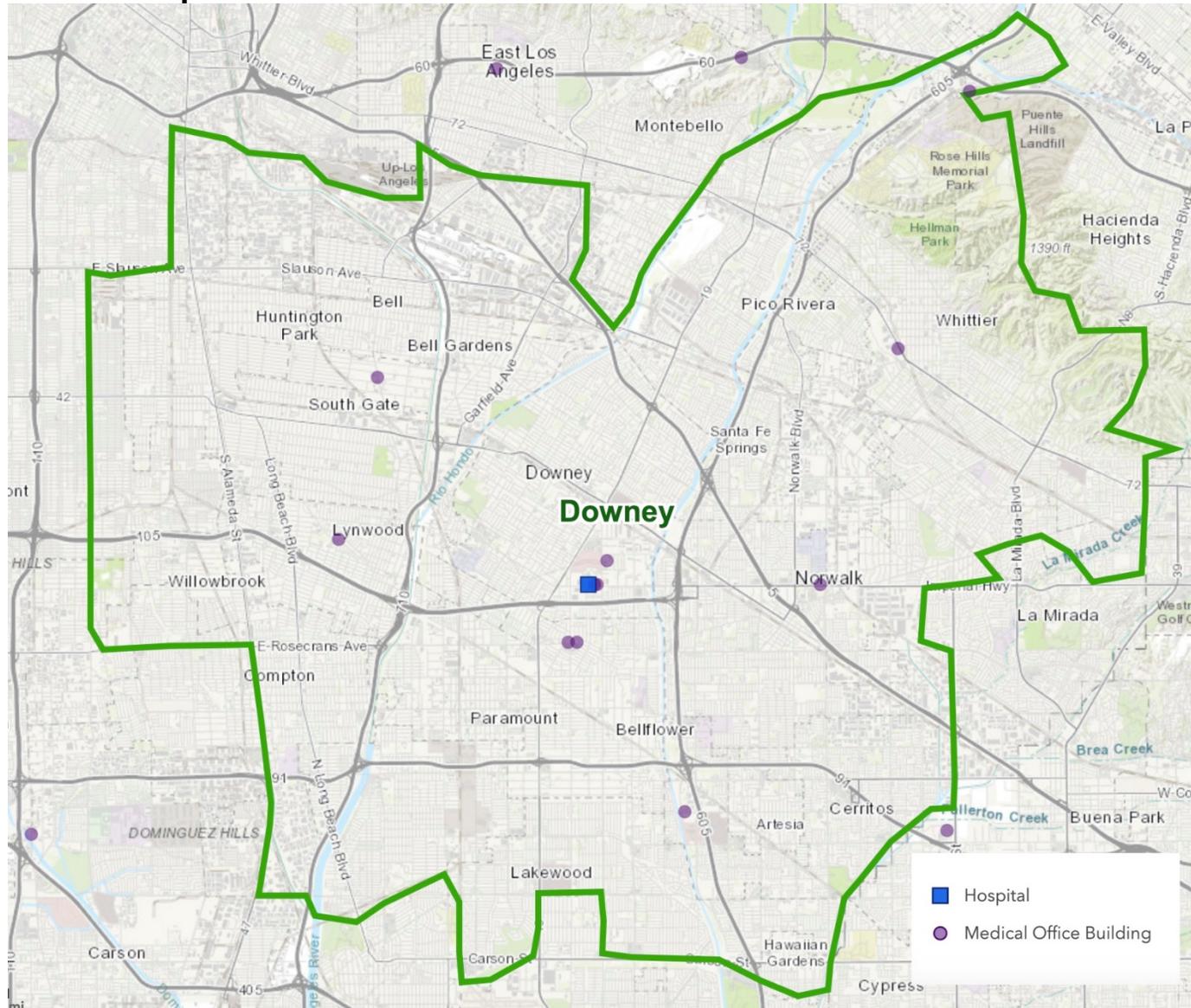
The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Downey service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2019; ACS 5-year estimates, 2013-2017]

Race/Ethnicity		Socioeconomic	
Total Population	1,532,744	Living in Poverty (<100% Federal Poverty Level)	20.5%
Asian/Pacific Islander	7.76%	Children in Poverty	25.3%
Black	7.37%	Unemployment	6.58%
Hispanic/Latino	73.77%	Uninsured Population	16.0%
Native American/Alaska Native	0.18%	Adults with No High School Diploma	30.69%
Some Other Race	0.16%		
Multiple Races	1.09%		
White	9.67%		

C. 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



IV. KFH-Downey Community Health Needs

The following are the health needs that KFH-Downey is addressing during the 2020-2022 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 2016 CHNA Report and 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

a. Access to Care

Access to health care greatly impacts one's physical, mental, and social health and overall quality of life. This issue of access is comprised of many factors, including but not limited to affordability, treatment by health care professionals, ability to navigate the system, and availability of services. Indicators such as rates of uninsured and utilization of various types of care help to gauge accessibility of health care within communities. In the KFH-Downey Medical Center service area, racial/ethnic disparities among the uninsured population greatly impact people of color, particularly Native American/Alaskan Native and Hispanic/Latino residents. Community input sessions shed light on growing concerns and fears of accessing care due to immigration laws. Kaiser Permanente exists to provide high-quality, affordable health care services; therefore, access to care was selected as a priority need to be addressed in the Implementation Strategy. Effective interventions exist to improve access to care and increased access has the potential to solve multiple problems associated with lack of health care.

b. Economic Security

- i. **Education and Employment.** Education and employment are interrelated and together impact a person's socioeconomic status. A growing body of evidence demonstrates the advantages afforded those with more education and better employment, such as more resources to support healthy habits, reduced stress, stronger social and psychological skills, and larger social networks. Conversely, individuals with less education, who are unemployed or underemployed, are more likely to have less access to food, health care, and other community resources. They also have fewer choices when it comes to their environment; often not being able to choose safer neighborhoods or neighborhoods with less exposure to environmental toxins. Using high school graduation rates as an indicator, the KFH-Downey Medical Center service area experiences higher rates of individuals with no high school diploma, as compared to regional and state rates (33.6% vs. 19.6% and 17.9%, respectively). These findings were underscored by themes from community input sessions, highlighting challenges community residents face to graduate high school and find adequate employment. Higher education levels result in better employment and employment routinely provides access to health insurance; therefore, education and employment were selected as priority needs to be addressed in the Implementation Strategy. Education and employment are foundational to

improved health care outcomes. And lack of education and employment opportunities tend to negatively impact communities of color.

- ii. **Food Security.** Food is an integral part of one's health, as research has demonstrated the link between health and diet. Low income communities struggle with having enough to eat as well as accessing healthy food options. Research has shown that individuals experiencing food insecurity, or those not able to afford enough to eat, have increased risk for obesity and higher rates of chronic disease. In the KFH-Downey service area, SPA 6 and 7 have the second highest rates of food insecurity in southern California (CHIS 2015). During community input sessions, participants highlighted barriers to accessing food resources, including fear of deportation. Community residents frequently consume diets high in calories, refined foods, and unhealthy fats. Leading causes of death (cancer, cardiovascular disease and diabetes) can be directly linked to food. Increasing access to convenient and affordable healthy foods is an effective way to impact the social and environmental determinants that are the primary drivers of health. Therefore, food security was selected as a priority need to be addressed in the Implementation Strategy.
- iii. **Housing and Homelessness.** The cost of housing continues to be a large financial burden particularly for low income families. In Los Angeles County, it has been estimated that renters need to earn \$46.15 per hour to afford the median monthly rent. This is more than four times the local minimum wage. Low-income renters can spend up to 71% of their income on rent, leaving little for health care bills, food, and transportation. The current demand for affordable housing exceeds existing inventory, with a gap of 500,000 homes. In the KFH-Downey Medical Center service area, the rates of homelessness continue to increase, with African American and Hispanics/Latinos experiencing high rates of homelessness. These disparities were highlighted during community input sessions. Safe, adequate and affordable housing is a social determinant of health; therefore, housing and homelessness were selected as priority needs to be addressed in the Implementation Strategy. Affordable housing is a powerful health intervention that positively impacts the health of entire communities and improves overall health equity.

c. Mental Health

Poor mental health is a leading cause of disability, which can greatly impact one's physical health. A growing body of evidence demonstrates a strong association between poor mental health and chronic conditions, such as cardiovascular disease, diabetes, asthma, and some cancers. Within the KFH-Downey Medical Center service area, residents experience 3.7 poor mental health days per month, similar to state and regional averages of 3.65 and 3.69. Community input participants shared stories about experiencing high rates of violence and social inequities in the community and the impact on mental health. There are increasing rates of mental health disorders and a lack of sufficient and affordable mental health resources in

the KFH-Downey Medical Center service area. The community has prioritized mental health over other health needs and early intervention has the potential to solve additional problems (e.g. substance use, homelessness, community violence). Therefore, mental health was selected as a priority need to be addressed in the Implementation Strategy.

B. Health Needs Not Addressed

The Implementation Strategy planning process requires KFH-Downey Medical Center to conduct a health needs selection process based on critical criteria including, health need severity, magnitude, inequity, and the extent to which KFH-Downey Medical Center is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). As a result of this process, KFH-Downey Medical Center will take action to address all of the priority health needs outlined in Section VII.B. There are no priority health needs that the hospital does not intend to address.

V. 2020 Year-End Results for KFH-Downey

A. 2020 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 2020 Year-End Community Benefit Expenditures

	2020
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$26,735,580
Charity care: Charitable Health Coverage Programs ²	\$9,610
Charity care: Medical Financial Assistance Program ³	\$10,918,441
Grants and donations for medical services ⁴	\$1,383,345
Subtotal	\$39,046,976
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$1,053,041
Summer Youth and INROADS programs ⁶	\$147,704
Grants and donations for community-based programs ⁷	\$1,488,832
Community Benefit administration and operations ⁸	\$427,461
Subtotal	\$3,117,038
Benefits for the Broader Community	
Community health education and promotion programs	\$91,924
Kaiser Permanente Educational Theatre ⁹	\$1,709,197
Community Giving Campaign administrative expenses	\$2,222
Grants and donations for the broader community ¹⁰	\$370,613
National board of directors fund	\$24,730
Subtotal	\$2,198,686
Health Research, Education and Training	
Graduate Medical Education	\$363,012
Non-MD provider education and training programs ¹¹	\$883,205
Grants and donations for health research, education, and training ¹²	\$228,525
Health research	\$598,201
Subtotal	\$2,072,943
Total Community Benefits Provided	\$46,435,644

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 hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ 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 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Summer Youth students hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the 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.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ¹⁰ 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.

- 11** Amount reflects the net expenditures for health professional education and training programs.
- 12** 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. 2020 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-Downey. 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-Downey 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 2020 (Tables B and C). In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional efforts 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 2020, WCLC provided services to 891 individuals (predominantly of African American and Latino descent), reaching 189 children, 368 teens and young adults, and 334 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 2020, Educational Theater provided 419 events in the KFH-Downey communities, reaching 18,084 youth and 1,568 adults across 28 locations.

- Kaiser Permanente's commitment to addressing structural racism, social justice, and trauma included core support for organizations working on these issues in KFH-Downey communities. In 2020, Kaiser Permanente awarded grants and cash donations to seven organizations operating in the service area totaling \$262,500 to address Black maternal birth outcomes, healing and trauma, food insecurity, the needs of immigrant families, educational attainment, and economic opportunity.

Need	Summary of impact	Examples of impactful efforts
Access to Care	<p>During 2020, Kaiser Permanente paid 7 grants, totaling \$69,333 addressing this priority health need in the Downey service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 13 grants, totaling \$329,651 that addresses this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2020, KFH Downey provided \$26,735,580 in medical care services to 41,702 Medi-Cal recipients (both health plan members and non-members) and \$10,918,441 in medical financial assistance (MFA) for 9,295 beneficiaries.</p> <p><u>Advocating for Health Centers to Improve the Health of Vulnerable Populations~*</u> California’s Primary Care Association (CPCA) provides education, training, and advocacy to their members community health centers to best serve their low-income, underserved, and diverse patients. In 2020, Kaiser Permanente paid \$300,000 (split among 15 service areas) to CPCA to:</p> <ul style="list-style-type: none"> • Provide a comprehensive training program of web-based and in-person sessions, statewide or regional convenings, and statewide conferences that respond to the needs of members. • Provide topic-specific individualized technical assistance as requested by members. • Host job-specific and topic-specific Peer Networks and augment Peer Network program, as appropriate, in response to member requests or emerging issues. • Educate policy makers and other key stakeholders about the unique and critical role that community health centers play in serving patients throughout the state as an integral part of an integrated health care delivery system.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Supporting California’s Public Health Care System~</u> The California Health Care Safety Net Institute (SNI) supports public healthcare systems by informing policy, providing measurement expertise, and accelerating learning. SNI serves the 21 public healthcare systems who are form the core of California’s safety net. In 2020, Kaiser Permanente paid \$300,000 (split among 15 service areas) to SNI to:</p> <ul style="list-style-type: none"> • Strengthen member public health care systems performance measurement capacity so they can measure and ultimately improve the care they provide. • Improve population health by strengthening member public health care systems performance in statewide population health programs. • Prepare member public health care systems for the next phase of delivery system transformation programs and requirements. <p><u>Advancing the Virtual Care Innovation Network~*</u> The Tides Center, Center for Care Innovations transforms care for vulnerable individuals by inspiring, teaching and spreading innovation among the organization that serve them. This project will provide technical assistance and training, grant funding and build a learning community for Safety Net providers. In 2020, Kaiser Permanent paid \$820,156 (split among 15 service areas) to the Tides Center to:</p> <ul style="list-style-type: none"> • Reach over 130 community health center organizations within span of 18-month initiative, including organizations in communities most impacted by COVID-19. • Catalyze access to high quality care by expanding and strengthening virtual care delivery for vulnerable populations, including the homeless support organizations that are serving people most impacted by COVID-19 to improve access and health.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Promoting Expansion of Quality Comprehensive Care for Los Angeles' Underserved Population~*</u></p> <p>The Community Clinic Association of Los Angeles County (CCALAC) advocates for expanding access to quality comprehensive health care for medically underserved people in Los Angeles County by strengthen their policy and quality improvement efforts, while incorporating social determinants of health frameworks. In 2020, Kaiser Permanente paid \$450,000 (split among 5 service areas) to CCALAC to:</p> <ul style="list-style-type: none"> • Deepen CCALAC's policy and advocacy education activities, particularly in the areas of health access, immigration, and health equity. • Raise awareness of the impact of key policy issues on clinics and the communities they serve. • Strengthen and expand quality improvement activities and build capacity across CCALAC's clinical services programs and peer networks (i.e. Clinical Advisory Group, Nursing and Clinical Support, Health Education, Quality Improvement, Behavioral Health, and Dental Roundtables). • Provide resources, training, and technical assistance to clinic staff to increase knowledge of new strategies and programs that help address topics related to Health Equity. <p><u>Supporting Free Health Care Services to the Uninsured~*</u></p> <p>Lestonnac Free Clinic provides high-quality health care services to uninsured, low-income and homeless individuals free of charge. The organization fills critical gaps in health care by providing a comprehensive array of services, including primary medical, preventative and restorative dental, mental health and specialty care services. In 2020, Kaiser Permanente paid \$95,000 (split among 5 service areas) to Lestonnac Free Clinic to:</p> <ul style="list-style-type: none"> • Provide free primary medical care to 7,500 uninsured residents. • Provide free specialty medical care to 1,200 uninsured residents. • Provide free dental services to 1,000 uninsured residents. • Provide free behavioral health services to 400 uninsured residents.

Need	Summary of impact	Examples of impactful efforts
<p>Economic Opportunity</p>	<p>During 2020, Kaiser Permanente paid 12 grants, totaling \$663,381 addressing this priority health need in the Downey 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 \$945,788 that addresses this need.</p>	<p><u>Improving Community Health in Southern California by Increasing Utilization of Wealth-Building Programs~</u></p> <p>Golden State Opportunity Foundation (GSO) aims to help low-income residents of Los Angeles, Riverside, and San Bernardino counties increase their financial stability and overall well-being through outreach campaigns to increase California Earned Income Tax Credit (CalEITC) uptake and a financial empowerment program. GSO is dedicated to ending poverty by providing all Californians with the tools to build financial security and thrive. In 2020, Kaiser Permanente paid \$80,000 (split among 8 service areas) to GSO to:</p> <ul style="list-style-type: none"> • Build a network of Health Care Partners who can help reach priority populations, including families with children under six who are eligible for the Young Child Tax Credit, Individual Taxpayer Identification Number holders, and seniors. • Provide financial tools and resources through a monthly financial empowerment webinar series to help low-income families build financial security, reduce debt, and increase savings.

Need	Summary of impact	Examples of impactful efforts
		<p data-bbox="867 232 1892 264"><u>Supporting Permanent Housing Units for Homeless in California~*</u></p> <p data-bbox="867 297 1938 578">Enterprise Community Partners (Enterprise) is a national nonprofit that creates opportunity for low- and moderate-income people through affordable housing. Enterprise partners with states to provide operating subsidies, wraparound services, and technical assistance for new state-acquired properties that house a range of formerly homeless populations, including families, veterans, and people living with HIV. In 2020, Kaiser Permanente paid \$12.5 million (split among 15 service areas) to:</p> <ul data-bbox="890 610 1990 911" style="list-style-type: none"> • Support wraparound services and operations of up to 1,000 new housing units for homeless people. • Distribute at least 5 service and operating sub-grants to local public entities or homeless service providers. • Provide up to 20 individual housing projects around the state with technical assistance, resulting in plans to deploy creative, flexible service models to better serve the complex and varied needs of people transitioning out of homelessness. <p data-bbox="867 943 1409 976"><u>Advancing Educational Attainment</u></p> <p data-bbox="867 1008 1969 1247">The Lynwood Partners Educational Foundation mission is to provide resources that support and enhance the educational programs, initiatives, and priorities for the students of Lynwood Unified School District. A focus of their work is on supporting post-high school education through college and trade scholarships. In 2020, Kaiser Permanente paid \$50,000 to Lynwood Partners Educational Foundation to:</p> <ul data-bbox="913 1279 1980 1482" style="list-style-type: none"> • Strengthen junior and senior awareness of post-secondary community college opportunities. • Provide scholarships for students perusing degrees in healthcare. • Assist students and families with basic needs or emergency support that eliminates barriers to a successful transition to college.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Addressing Food Insecurity</u></p> <p>Interfaith Food Center (IFC) is a food pantry located in southeast Los Angeles County. Each year IFC places more than three million pounds of food in the hands of struggling families and individuals. Food is obtained from the Los Angeles Regional Food bank, local markets, churches, community organizations, and individual donors and made available to those most in need including a specific program for homeless individuals. In 2020, Kaiser Permanente paid \$80,000 to IFC to:</p> <ul style="list-style-type: none"> • Maintain Safe Food Distribution during and post-COVID-19 restrictions. • Procure and sustain healthy food distribution.

Need	Summary of impact	Examples of impactful efforts
<p>Mental Health</p>	<p>During 2020, Kaiser Permanente paid 17 grants, totaling \$266,429 addressing this priority health need in the Downey 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 \$68,026 that addresses this need.</p>	<p><u>Advancing Mental Health Equity~</u></p> <p>The California Pan Ethnic Health Network (CPEHN) promotes health equity by advocating for public policies and sufficient resources to address the health needs of communities of color. In 2020, Kaiser Permanente paid \$300,000 (split among 15 service areas) to CPEHN to improve and build the current mental health workforce to meet community health needs by:</p> <ul style="list-style-type: none"> • Providing training and technical assistance opportunities to build the capacity of 20 community partners, including the Behavioral Health Equity Collaborative, to advocate for a culturally competent mental health workforce. • Conducting policymaker education and advocacy to advance cultural competence among existing mental health workforce and expand opportunities for non-licensed professionals such as community health workers and navigators. • Developing and disseminating a minimum of two research briefs, fact sheets, and other communication tools to influence and inform policymakers on mental health equity and the need for a culturally competent workforce in California.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Driving Mental Health Policy~</u></p> <p>The Steinberg Institute is dedicated to advancing public policy on mental health. The Steinberg Institute Workforce Project will partner with California legislators to develop a policy agenda focusing on the emerging, non-licensed, and licensed mental health workforce. In 2020, Kaiser Permanente paid \$300,000 (split among 15 service areas) to the Steinberg Institute to increase the prioritization and effectiveness of mental health services and policymaking in CA by:</p> <ul style="list-style-type: none"> • Engaging a minimum of 12 Southern Californian Legislators through the creation of a legislative behavioral health workforce workgroup to advance three pieces of legislation addressing the mental health workforce shortage • Engaging Californians via a media strategy that will include the publication of articles (print, social media, blogs), radio and potential press conferences linked to key events including the Governor’s signature on a mental health workforce bill or other significant turn of events within the workforce arena. • Engaging the California Executive branch for the creation of a cross-governmental initiative made up of at least 3 state agencies and 12 public/private sector organizations.