

Kaiser Foundation Hospital (KFH)-Los Angeles

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I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve 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-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.

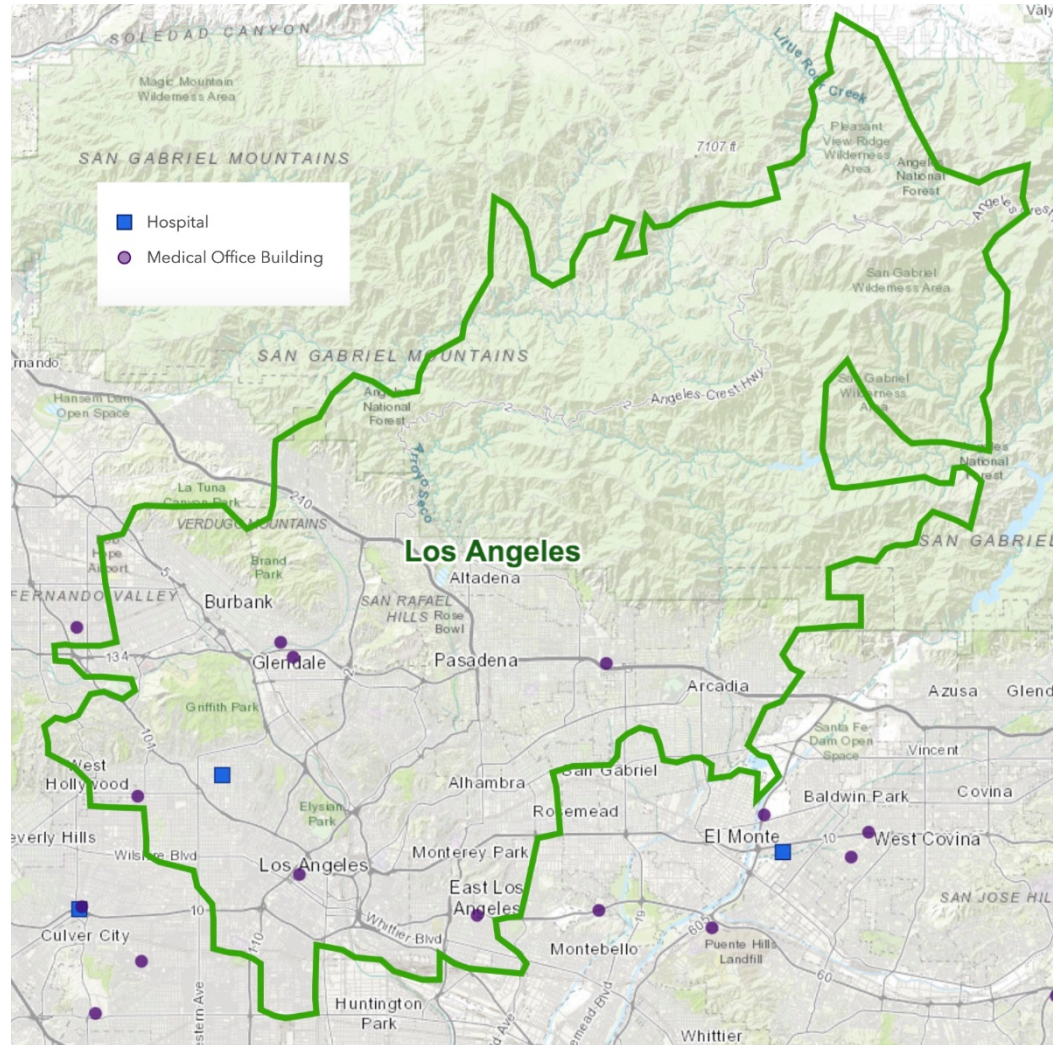
B. Demographic Profile of the Community Served

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. [Sources: ESRI, 2019; ACS 5-year estimates, 2013-2017]

Race/Ethnicity		Socioeconomic	
Total Population	2,189,686	Living in Poverty (<100% Federal Poverty Level)	20.42%
Asian/Pacific Islander	20.46%	Children in Poverty	26.3%
Black	4.04%	Unemployment	6.14%
Hispanic/Latino	47.49%	Uninsured Population	15.6%
Native American/Alaska Native	0.15%	Adults with No High School Diploma	21.55%
Some Other Race	0.22%		
Multiple Races	2.17%		
White	25.46%		

C. 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.



IV. KFH-Los Angeles Community Health Needs

The following are the health needs that KFH-Los Angeles 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 2019 CHNA Report and 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

Access to care. Accessible health insurance addresses a major obstacle to primary health care utilization, particularly for very low-income residents. Nearly 1 in every 5 service area residents is uninsured. Latinos fare worse than the service area average: nearly 1 in 4 Latino service area residents have no insurance coverage.¹ Our community engagements indicated that insurance access accounts for only one component of health care access: of equal importance to access to insurance are access to culturally and linguistically relevant providers and access to health care facilities that provide appointments during the evenings and on the weekends. Access to care has been chosen to be addressed in the Implementation Strategy in alignment with National Program Office.

Mental and behavioral health. According to the data prepared for the KFH-Los Angeles CHNA, poor mental health is associated with a 61.3% reduction in length of life per year for residents in the service area.² Our community engagements revealed that poor mental health is common to the lived experience of service area residents, and particularly for those residents dealing with economic and housing insecurity and structural exclusion. Communities of color are more vulnerable to certain factors underlying poor mental health. For example, in California, 8.1% of African American and Latino children have experienced a serious emotional disturbance, compared to only 6.9% of White children.³ Moreover, communities of color and undocumented communities are much less likely to receive necessary mental health services. For example, from 2011-2013, 11.3% of Blacks in California had an unmet mental health need, compared to only 8.2% of Whites.⁴ Mental and behavioral health has been chosen to be addressed in the Implementation Strategy because of its status as a priority in the community, and because mental and behavioral health are so integrally tied to access to care, economic security, and HIV/AIDS/STIs.

Education and Employment. Lack of economic security due to low and stagnant wages and difficulty obtaining employment due to lack of educational, language or immigration status qualifications is a dominant concern for a large proportion of residents of the service area. Without access to education and reliable employment that pays a living wage, economic security, housing security,

¹ KFH-Los Angeles CHNA data platform.

² KFH-Los Angeles CHNA data platform.

³ California Health Care Foundation, California Health Care Almanac; <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>

⁴ California Health Interview Survey (CHIS)

food security, good mental and good physical health are difficult to achieve. Over 1 in 5 service area residents are living below the federal poverty line in the KFH-Los Angeles service area;⁵ Moreover, poverty disproportionately impacts Blacks and Latinos: they are nearly twice as likely as Whites to be living below the federal poverty line. Our community engagements indicated that economic insecurity underlies all health needs in the service area, and that economic insecurity is growing as housing prices continue to increase against a backdrop of stagnant wages and persistent obstacles to employment for the communities most impacted by this health need. Education and employment has been combined with housing insecurity and food insecurity to create a health need called Economic Opportunity. This health need will be addressed in the Implementation Strategy because of its status as a priority need in the community, and its status as an upstream social determinant of health particularly salient to the lived experience and health outcomes of the KFH-Los Angeles community.

Housing insecurity. Unstable housing threatens social, physical, mental and emotional wellbeing. Our community engagements indicated that housing insecurity is growing as gentrification and rising real estate values—combined with stagnant wages experienced by many middle and low-income earners—continue to fuel the displacement of long-time Latino and Black communities throughout the service area. Many residents of the service area are vulnerable to housing insecurity because of an imbalance of wages and housing costs: 50.2% of residents spend more than 30% of their income on housing.⁶ However, this vulnerability to displacement is exacerbated by the social patterning of home ownership in the region. In Los Angeles County, many more people rent than own, but the pattern of homeownership is disproportionately distributed across races. People of color are more vulnerable to losing their homes than Whites because they are far less likely to be homeowners: 2 out of 3 households headed by a White adult is owned, not rented, compared to only 1 out of 3 homes headed by a Black adult.⁷ Housing insecurity has been combined with education and employment and food insecurity to create a health need called Economic Opportunity (see above).

Food insecurity. Our community engagements revealed that lack of affordable and accessible healthy food options prevents low-income residents from eating well and taking care of their health. The high cost of affordable healthy food is a key factor in explaining why many low-income residents dealing with increasing housing costs rely on poorer quality foods or miss meals. The issue of food insecurity affects a large population in the service area: over 1 in 7 adults experienced food insecurity in the last year.⁸ The issue disproportionately impacts people of color. For example, 1 in 6 Latino households in the KFH-Los Angeles service area receive SNAP benefits compared to only 1 in 22 White households.⁹ Food insecurity has been combined with education and employment and housing insecurity to create a health need called Economic Opportunity (see above).

⁵ KFH-Los Angeles CHNA data platform.

⁶ KFH-Los Angeles CHNA data platform.

⁷ National Equity Atlas; nationalequityatlas.org

⁸ KFH-Los Angeles CHNA data platform.

⁹ KFH-Los Angeles CHNA data platform.

HIV/AIDS/STIs. STIs greatly reduce life expectancy and are uncommonly prevalent in the LAMC service area.¹⁰ An STD/HIV/AIDS diagnosis is associated with a 58.2% reduction in length of life per year.¹¹ STIs disproportionately impact people of color. In 2017, in Pasadena, 10-year average death rate due to HIV was twice as high for Black males than for White males.¹² Our community engagements revealed that an HIV/AIDS diagnosis may lead to loss of employment and housing, particularly for people of color, and underlies chronic poor mental and physical health for many service area residents.

HIV/AIDS/STIs has been chosen as a health need to be addressed in the Implementation Strategy because KFH-Los Angeles has a long history of investing in this health need which is particularly salient to the medical center service area, and because the service area is once again experiencing an uptick in incidence of HIV/STIs.

There is growing recognition that until issues of structural exclusion of and bias against vulnerable populations, particularly people of color and LGBTQ identity are addressed, inequities in health outcomes will persist. Our community engagements revealed many opportunities for to adopt practices and policies that counter structural inequities to support and promote equity to improve the health and well-being of underserved populations. While structural exclusion has not been selected as a direct priority health need per se, many of the interventions included in the implementation strategy tables below have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion.

B. Health Needs Not Addressed

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Los Angeles to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Los Angeles is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). All of the selected health needs are those that meet these criteria and which KFH-Los Angeles is in a position to directly address. While structural exclusion has not been selected as a priority health need per se, many of the interventions included in the implementation strategy tables above have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion. Therefore, a response to this health need has been woven throughout the implementation strategy outlined by KFH-Los Angeles.

¹⁰ KFH-Los Angeles CHNA data platform.

¹¹ KFH-Los Angeles CHNA data platform.

¹² Pasadena 2018 Mortality Report; <https://www.cityofpasadena.net/public-health/data/>

V. 2020 Year-End Results for KFH-Los Angeles

The 2020 Year-End Results highlight a select set of activities and grant financial resources for addressing health needs. For a full description of strategies and activities to address health needs, please review the 2020-2022 Implementation Strategy Plan at <http://www.kp.org/chna>.

A. 2020 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 2020 Year-End Community Benefit Expenditures

	2020 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$21,207,449
Charity care: Charitable Health Coverage Programs ²	\$9,000
Charity care: Medical Financial Assistance Program ³	\$11,920,318
Grants and donations for medical services ⁴	\$1,123,707
Subtotal	\$34,260,474
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$112,192
Grants and donations for community-based programs ⁷	\$1,441,604
Community Benefit administration and operations ⁸	\$427,302
Subtotal	\$1,981,098
Benefits for the Broader Community	
Community health education and promotion programs	\$80,300
Kaiser Permanente Educational Theatre ⁹	\$693,469
Community Giving Campaign administrative expenses	\$1,941
Grants and donations for the broader community ¹⁰	\$343,748
National board of directors fund	\$21,603
Subtotal	\$1,141,061
Health Research, Education and Training	
Graduate Medical Education	\$21,863,629
Non-MD provider education and training programs ¹¹	\$1,231,076
Grants and donations for health research, education, and training ¹²	\$151,582
Health research	\$522,557
Subtotal	\$23,768,844
Total Community Benefits Provided	\$61,151,477

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-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 2020 (Tables B and C). In addition to the below examples, Kaiser Permanente, Southern California implements additional efforts 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 2020, Educational Theater provided 170 events in KFH-Los Angeles communities, reaching 12,090 youth and 1,036 adults across 41 locations.
- Kaiser Permanente's commitment to addressing structural racism, social justice, and trauma included core support for organizations working on these issues in KFH-Los Angeles communities. In 2020, Kaiser Permanente awarded cash donations to

an organization in the service area totaling \$50,000 to support the use of barbershops functioning as trusted community-based health hubs to further expand access to preventive screenings, health education, and whole-person care coordination.

Need	Summary of impact	Examples of impactful efforts
<p>Access to Care</p>	<p>During 2020, Kaiser Permanente paid 6 grants, totaling \$44,333 addressing this priority health need in the Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 15 grants, totaling \$591,901 that addresses this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2020, KFH-Los Angeles provided \$21,207,449 in medical care services to 29,137 Medi-Cal recipients (both health plan members and non-members) and \$11,920,318 in medical financial assistance (MFA) for 11,222 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 that will be part of the Medi-Cal waiver program and CalAIM program in 2021. <hr/> <p><u>Supporting Free Health Care Services to the Uninsured~*</u> 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 13 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><u>Increasing Access to Homeless Health Services</u></p> <p>The Center at Blessed Sacrament (The Center) is a non-profit organization dedicated to ending isolation and homelessness in the greater Hollywood. The Center offers interactive groups and activities on weekday mornings to Hollywood’s homeless community members and links them primary, mental/behavioral health, and other homeless supportive services, including permanent supportive housing. In 2020, Kaiser Permanente paid The Center \$30,000 to:</p> <ul style="list-style-type: none"> • Through the on-site Health Clinic provide in-person and telephone services on a weekly basis to enroll individuals to primary services, including preventative care visits, wound care, and medication management. • Provide homeless clients with on-site Suboxone treatment medication in collaboration with mental health and substance abuse treatment specialists and programming.

Need	Summary of impact	Examples of impactful efforts
<p>Mental and Behavioral Health</p>	<p>During 2020, Kaiser Permanente paid 17 grants, totaling \$226,429 addressing this priority health need in the Los Angeles 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 \$163,026 that addresses this need.</p>	<p><u>Advancing Mental Health Equity~</u> 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.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Developing a Child Behavioral Health Agenda~</u></p> <p>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. In 2020, Kaiser Permanente paid \$300,000 (split among 15 service areas) to Children Now to:</p> <ul style="list-style-type: none"> • Engage at least 35 diverse stakeholders for input on a statewide policy agenda to improve access to behavioral health services through supporting and increasing the workforce. • Develop a child-centered policy agenda for behavioral health, which would include policies on workforce development. • Educate at least 120 policymakers on ways to improve or expand workforce programs to benefit children’s behavioral health. <hr/> <p><u>Removing Barriers to Behavioral Health Services</u></p> <p>Bienestar Human Services (Bienestar) is a community-based health care and social services organization serving the Latino and LGBTQ communities in the Greater Los Angeles area. Bienestar’s programs include full service medical care, HIV/AIDS treatment and prevention, sexual health, mental health services, substance use counseling and medication assisted treatment. In 2020, Kaiser Permanente paid \$30,000 to Bienestar to:</p> <ul style="list-style-type: none"> • Provide telemedicine counseling services to 20 clients suffering from significant mental health illness and substance use disorders (SUD). • Enroll clients in weekly, one-hour counseling sessions for a 12-week period counseling via telehealth between a registered MSW/ MFT/psychologist and/or substance use counselor to help them with coping skills especially during the COVID-19 pandemic.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Empowering Girls to Protect Themselves from Violence and Abuse</u></p> <p>The YWCA Glendale is dedicated to eliminating racism, empowering girls, and women, and promoting peace, justice, freedom, and dignity for all. The YWCA Glendale provides programs for women and children who are survivors of domestic violence by providing wrap around services so they can achieve independence, self-sufficiency, and a life free from violence and domestic abuse. In 2020, Kaiser Permanente paid \$30,000 to the YWCA Glendale to:</p> <ul style="list-style-type: none"> • Provide 120 girls with “Safe Dates” healthy relationships education and participating in a week-long summer retreat, called “Camp Rosie” to help build their self-esteem and positive, supportive peer relationships. • Provide year-round workshops and support group activities to participants in “Girls Circle” to build social, healthy connections and improve their individual self-confidence, leadership development, civic engagement training and 1:1 mentoring.

Need	Summary of impact	Examples of impactful efforts
<p>Economic Opportunity</p>	<p>During 2020, Kaiser Permanente paid 19 grants, totaling \$488,381 addressing this priority health need in the 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 \$912,454 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. <p><u>Enhancing Safety Net Services in Southern California~*</u></p> <p>Step Up on Second Street (SU) delivers compassionate support services to people experiencing serious mental health conditions and persons who are experiencing chronic homelessness. SU meets the complex needs of people experiencing homelessness in underserved areas of Los Angeles, Orange, San Bernardino and Riverside Counties at a time when the number of homeless is increasing. In 2020, Kaiser Permanente paid \$100,000 (split among 13 service areas) to SU:</p> <ul style="list-style-type: none"> • As core support to sustain the organization through the unprecedented challenges of the COVID-19 pandemic. Kaiser Permanente's support helped SU with continuing to deliver on its mission to serve individuals experiencing mental health conditions and homelessness.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Supporting Permanent Housing Units for Homeless in California~*</u> 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 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><u>Preventing Evictions During COVID Pandemic</u> Eviction Defense Network (EDN) is a nonprofit dedicated to protecting poor and low-income renters facing eviction in Los Angeles County. EDN provides all tenant-related services, including eviction prevention counseling, housing eviction court representation and post judgement motion filings and settlement agreements. In 2020, Kaiser Permanente paid \$30,000 to EDN to:</p> <ul style="list-style-type: none"> • Conduct 200 webinars with an average of 25 participants each targeting poor and low-income LA County tenants at risk of eviction during the COVID-19 pandemic. • Counsel 1,500 households to ensure they are aware of the City and County of Los Angeles COVID-19 related tenants’ rights and protections. • Provide legal representation in eviction negotiations or in court hearing to over 2,000 poor or low-income households.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Supporting the Social Health Needs of COVID Vulnerable Latino Families</u></p> <p>Proyecto Pastoral (Proyecto) is a nonprofit organization committed to empower the community of Boyle Heights through grassroots projects in education, leadership, and service. Proyecto serves over 6,000 Boyle Heights residents annually and has successfully pivoted to providing COVID-19 related programs, services, and resources to residents. In 2020, Kaiser Permanente paid Proyecto \$30,000 to:</p> <ul style="list-style-type: none"> • Connect Boyle Heights families to critical resources during the COVID-19 pandemic through Promesa Boyle Heights. • Maintain participating Boyle Heights residents and staff safe and connected to prevent social isolation as they sheltered-in-place during the COVID-19 pandemic. • Ensure that IMPACTO students and their families experiencing food insecurity received food and other necessities during the COVID-19 pandemic. • Address the education gaps for at-risk IMPACTO students during the COVID-19 pandemic.

Need	Summary of impact	Examples of impactful efforts
<p>HIV/ AIDS/ STIs</p>		<p><u>Increasing Supportive Services to Affordable Housing Tenants</u></p> <p>Hollywood Community Housing Corporation (HCHC) HCHC transforms communities by creating affordable housing to transform lives by providing services and access to resources that improve the quality of life to formerly homeless, poor, and low-income households. HCHC provides physical and emotional safety, safe coping skills as well as promote the ability for residents to connect safely with HCHC staff, on-site resident managers and others involved in their lives. In 2020, Kaiser Permanente paid \$30,000 to HCHC to:</p> <ul style="list-style-type: none"> • Target zero, or close to zero evictions and to provide enhanced services to 168 homeless households living with HIV/AIDS. • Protect vulnerable residents with HIV/AIDS through social distancing, masking, and other measures to prevent COVID-19 infections and hospitalizations. • Provide access to comprehensive case management and mental health therapy services and other social health needs to highest need residents living with HIV/AIDS during the COVID-19 pandemic.