

Kaiser Foundation Hospital (KFH)-San Diego/Zion

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 – Tables A and B
- 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-San Diego/Zion 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-San Diego/Zion Community Health Needs in 2020-2022

- a. Health Needs Addressed
- b. Health Needs Not Addressed and Rationale

V. 2020 Year-End Results for KFH-San Diego/Zion

- a. 2020 Community Benefit Programs Financial Resources Provided by KFH-San Diego/Zion – Table C
- b. 2020 Examples of KFH-San Diego/Zion 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-San Diego and Zion Community Served

A. Kaiser Permanente’s Definition of Community Served

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

B. Demographic Profile of the Community Served

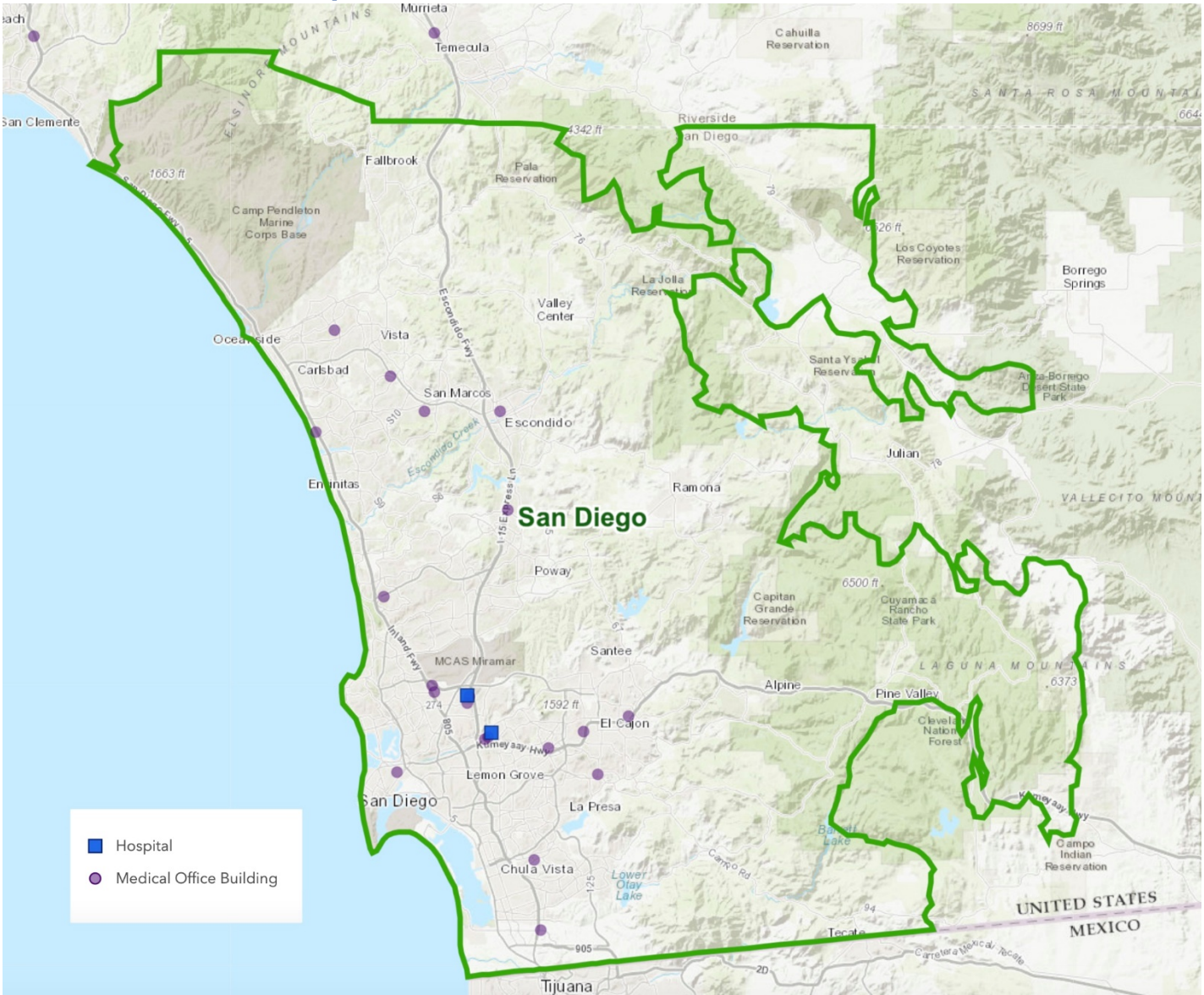
The following table includes race, ethnicity, and additional socioeconomic data for the KFH-San Diego and Zion service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race,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

Race/Ethnicity		Socioeconomic	
Total Population	3,314,530	Living in Poverty (<100% Federal Poverty Level)	11.35%
Asian/Pacific Islander	12.44%	Children in Poverty	16.1%
Black	4.67%	Unemployment	5.42%
Hispanic/Latino	34.45%	Uninsured Population	10.3%
Native American/Alaska Native	0.4%	Adults with No High School Diploma	12.19%
Some Other Race	0.20%		
Multiple Races	3.52%		
White	44.31%		

C. Map and Description of Community Served

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

KFH-San Diego and Zion Service Area Map



IV. KFH-San Diego and Zion Community Health Needs

The following are the health needs that KFH-San Diego and Zion 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

Access to health care (including primary, specialty, and mental health care)

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care can affect people's ability to reach their full potential, negatively affecting their quality of life. In San Diego County, individuals who belong to some racial/ethnic minority groups have more limited access to health care. For example, those who identify as Hispanic, Native American/Alaskan Native and "other" are disproportionately without health insurance (20.8%, 23.6%, and 24.8% respectively), compared to the overall rate of 12.2%. In addition, Black individuals experience more "preventable hospital events" (44.8 per 1,000) than the general population (31.5 per 1,000) suggesting that these individuals may have more difficulty accessing primary care resources. Medicare beneficiaries, a group made up primarily of people 65 years old and older, are also less likely to receive regular care from a primary care physician (PCP). Of this group, only 67.4% have seen a PCP in the last year, compared to the 71.8% of the general population. Access to care was a frequent theme of conversations during the community engagement process. Participants detailed barriers to care for low income individuals, for people living in certain geographic regions, for people from minority racial/ethnic backgrounds, for immigrants, for sexual minorities, and for homeless individuals. Access to behavioral health services - for mental health services and for substance use disorders -- was described as particularly problematic.

Access to health care was chosen as a priority health need for the KFH-San Diego and Zion for several reasons. First, throughout the community engagement process, community residents were clear that for many members of the community, particularly those from minority groups, access to high-quality, affordable health care and to health insurance is particularly challenging. For people with chronic diseases, such as diabetes or cardiovascular disease, this access is critical to the management of their health, and the inability to access care can be severely detrimental or, in some cases, fatal. In addition, access to care met several of the stated criteria for inclusion as a priority health need. In terms of severity, the inability to access care can lead to severe outcomes, including increased rates of chronic disease and death. The magnitude of the issue is also large: across several measures, including health insurance coverage, visits to a primary care health care provider, and preventable hospital events the problem affects a significant

percentage of the population. In addition, the disparities in access to care are clear, as evidence both by quantitative data and by community feedback. Finally, KFH-San Diego and Zion are in a unique position to increase awareness about how to access care and to increase health insurance coverage across the service area.

Economic security

The term “economic security” refers to educational attainment, employment, housing insecurity, and food insecurity. Research has increasingly shown that social and economic conditions are among the strongest determinants of population health and health disparities. In San Diego County, census tracts reporting lower income also report more poor mental health days, more visits to emergency departments for heart attacks, and higher rates of asthma, obesity, diabetes, stroke, cancer, low birth weight babies, smoking, and pedestrian injuries. Many San Diego County residents are economically insecure. In the KFH-San Diego and Zion service area, 18% of children live in poverty (\$25,100 for a family of 4). For children of color, the situation is far worse: 41.1% of multiracial, 40.1% of Hispanic, 32.7% of Black, 32.3% of Native American/Alaska Natives, and 39.3% of children who identify as “other” races live in poverty. In addition, a third of working-age families cannot cover their basic expenses, 13.3% of residents are food insecure at some point during the year, and 43.9% of San Diegans live in cost-burdened households – spending more than 30% of their income on housing alone. Across the community engagement events, residents described pervasive economic insecurity in San Diego County that impacts “every aspect” of people’s daily lives. They emphasized the link between the chronic stress of economic insecurity and mental health and detailed the impact of economic insecurity on physical well-being and on a community’s sense of hope.

Economic security was chosen as a priority need for the KFH-San Diego and Zion Implementation Strategy Plan because of the strong links between being economically secure and maintaining good health. These links were illustrated in the data about health indicators in the service area and through the community engagement process. Participants throughout the community engagement process emphasized that economic security is one of the most pressing needs in the service area. In addition, a large portion of people in the service area live in poverty, and the disparities in poverty levels across racial/ethnic groups are clear. KFH-San Diego and Zion are also in a unique position to support efforts to improve the economic security of people in its service area, particularly in regard to decreasing the prevalence of food insecurity among community members.

Mental health and wellness

Mental health issues affect nearly 1 in 5 people, and when left untreated, are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality. In San Diego County, 12.4 people per every 100,000 die from suicide annually, and approximately 10% of all adults seriously consider committing suicide. While the rate of suicide decreased slightly (1.3%) from 2014-2016, the rates of suicide for people who identify as Asian/Pacific Islander, Black, and “other,” increased in those same years (13.3%, 47.2%, 93.0%). In addition, more people are being discharged from emergency departments for anxiety than in

the past - rates increased by 4% from 2014-2016, with an 84% increase in discharge rates for the youngest San Diegans -- those 0-10 years old. In the community engagement process, residents described the desperation of people who need but cannot get quality, timely mental health services; they emphasized that while accessing services is hard for everyone, for people who may be at the highest risk for trauma related mental illness - like veterans, refugees, and the LGBTQ community, and for those who are uninsured, access to this care seems nearly impossible.

One important component of mental health and wellness is the prevention and treatment of substance and opioid misuse. In the KFH-San Diego and Zion service area, substance use, particularly opioid misuse, is a health crisis that has reached epidemic proportions. In San Diego County, the rate of discharge from emergency departments for chronic substance abuse increased by 559% from 2014-2016; rates for those 65 years and older increased the most - by 714%. The rate of discharge for opioid misuse for this age group was even more startling - it rose by 1,734% over this two-year period. Rates of discharge from emergency departments for acute substance abuse also rose. Rates increased for people of all racial and ethnic backgrounds; however, the most substantial increase (177%) was for Blacks. Heavy alcohol consumption is also problematic in San Diego County. Nearly 20% of adults ages 18 and older self-report excessive alcohol use. Participants in the community engagement process discussed the link between mental health and substance misuse, arguing that the failure to provide preventive and acute mental health services often leads to self-medicating with drugs and alcohol. They also report an insufficient supply of substance use disorder out-patient and in-patient drug treatment programs as a critical need in San Diego County.

Mental health and wellness was chosen as a priority health need for the KFH-San Diego and Zion Implementation Strategy Plan because of its clear importance to the community and because of the devastating impacts of poor mental health on so many people in the service area. Mental health issues can lead to severe health problems and premature mortality, and they affect a large proportion of the population in the service area. In addition, particularly among minority groups, rates of suicide, discharges for mental health issues and for chronic substance abuse, acute substance abuse, and opioid misuse have increased at startling rates over the past few years.

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-San Diego and Zion to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-San Diego and Zion is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include diabetes and substance use and opioid misuse.

The members of the implementation strategy team acknowledged the prevalence of diabetes in the community and the potential for severe impact on the health of community members. The committee determined, however, that more emphasis should be placed on the broader issue of access to care so that support could be given to programs and resources addressing multiple chronic health conditions, including, but not limited to, diabetes.

In addition, in discussions about how best to address substance use and opioid misuse, the implementation strategy team felt that this issue should be included under the umbrella of “mental health and wellness.” This decision was based in large part on community feedback that substance use and mental health are inextricably linked. The implementation strategy team concluded that the prevention and treatment of substance use disorders, including opioid misuse, are a key component of well-being, and therefore, should be addressed under this strategy.

V. 2020 Year-End Results for KFH-San Diego and Zion

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-San Diego and Zion

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente

Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-San Diego and Zion 2020 Year-End Community Benefit Expenditures

	2020
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$30,050,466
Charity care: Charitable Health Coverage Programs ²	\$15,054
Charity care: Medical Financial Assistance Program ³	\$16,286,598
Grants and donations for medical services ⁴	\$2,211,774
Subtotal	\$48,563,892
Other Benefits for Vulnerable Populations	
Grants and donations for community-based programs ⁷	\$2,372,237
Community Benefit administration and operations ⁸	\$590,538
Subtotal	\$2,962,775
Benefits for the Broader Community	
Community health education and promotion programs	\$150,141
Kaiser Permanente Educational Theatre ⁹	\$730,182
Community Giving Campaign administrative expenses	\$3,629
Grants and donations for the broader community ¹⁰	\$645,328
National board of directors fund	\$40,392
Subtotal	\$1,569,672
Health Research, Education and Training	
Graduate Medical Education	\$5,218,127
Non-MD provider education and training programs ¹¹	\$949,911
Grants and donations for health research, education, and training ¹²	\$323,421
Health research	\$977,050
Subtotal	\$7,468,509
Total Community Benefits Provided	\$60,564,848

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-San Diego and Zion Activities Addressing Selected Health Needs

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

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

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-San Diego and Zion. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-San Diego and Zion service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2020 (Tables B and C).

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2020 Educational Theater provided 179 events in KFH-San Diego and Zion communities, reaching 16,613 youth 446 adults across 48 locations.

Need	Summary of impact	Examples of impactful efforts
<p>Access to Care</p>	<p>During 2020, Kaiser Permanente paid 10 grants, totaling \$234,333 addressing this priority health need in the San Diego and Zion service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 9 grants, totaling \$562,344 that addresses this need.</p>	<p>Providing Affordable Healthcare In 2020, KFH-San Diego (2 Hospitals) provided \$30,050,466 medical care services to 54,715 Medi-Cal recipients (both health plan members and non-members) and \$16,286,598 in medical financial assistance (MFA) for 14,977 beneficiaries.</p> <p>Advocating for Health Centers to Improve the Health of Vulnerable Populations~* 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 Health Centers Enhance Clinical Operations to Enrich the Patient Experience*</u> Health Center Partners (HCP) provides training and education to its clinic members to enrich the patient experience. This is achieved through four key areas: membership growth; advocacy and policy; quality improvement and capacity building/training; and social determinants of health. In 2020, Kaiser Permanente paid \$450,000 to HCP as core support to:</p> <ul style="list-style-type: none"> • Sustain the organization through the unprecedented challenges of the COVID-19 pandemic. Kaiser Permanente’s support helped HCP adapt its activities, innovate new ways to serve the community, and deliver on its mission.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Enhancing Health Equity within the Refugee and Immigrant Communities</u></p> <p>Multicultural Health Foundation (MHF), is a nonprofit that advocates for health justice and wellness to the multicultural communities of San Diego County by focusing resources on the most vulnerable populations with community-based wellness strategies, social-clinical interventions, and research that will lead to the elimination of racial and ethnic health disparities. In partnership with the San Diego County COVID-19 Equity Task Force, they are redesigning how immigrants’ access and take part in diabetes prevention and COVID-19 services to generate a higher volume of participation in prevention service. In 2020, Kaiser Permanente paid \$25,000 to MHF to:</p> <ul style="list-style-type: none"> • Strengthen the capacity of Alliance Health Clinic to facilitate up to 8 additional Prevention Workshops by adding virtual, home-based workshops. • Provide information about COVID-19 education, testing, treatment, and vaccination for 40 high risk prediabetics immigrants ages 18-75. • Increase employment by hiring immigrants as recruiters and prevention coaches to ensure a diverse workforce reflective of the population.
		<p><u>Improving Health Coverage, Affordability and Access for Low Income Seniors</u></p> <p>San Diegans for Healthcare Coverage’s (SDHC) mission is to advance meaningful coverage, timely integrated care, and optimal health for all San Diegans. SDHC assists low income seniors with retaining or gaining Medi-Cal eligibility so that they receive medical care, prescription drugs and wellness programs that are affordable and easily accessible. In 2020, Kaiser Permanente provided \$40,000 to SDHC to:</p> <ul style="list-style-type: none"> • Increase SDHC’s capacity to screen and provide counsel for 250 Medi-al beneficiaries with meeting new Medi-Cal requirements, both in advance of turning 65, as well as when they experience a threat to loss of their benefits after 65. • Ensure Medicare and Medi-Cal plans are aligned and meet beneficiaries needs by assisting client with enrollment in both. • Improve awareness regarding impending changes to beneficiaries’ Medi-Cal eligibility income and resource rules.

Need	Summary of impact	Examples of impactful efforts
Economic Opportunity	<p>During 2020, Kaiser Permanente paid 11 grants, totaling \$349,667 addressing this priority health need in the San Diego and Zion service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$1,399,194 that addresses this need.</p>	<p><u>Supporting Permanent Housing Units for Homeless in California~*</u></p> <p>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>Enhancing Outreach to Those Experiencing Homelessness</u></p> <p>People Assisting the Homeless (PATH) San Diego works to house our most vulnerable neighbors living on the streets through strategic street outreach, housing-focused case management, and wraparound supportive services. Their Connections Housing downtown is a one-stop shop with interim and permanent supportive housing and their PATH Depot, which is a multiservice center in collaboration with more than a dozen community partners. In 2020, Kaiser Permanente provided \$60,000 to PATH San Diego to:</p> <ul style="list-style-type: none"> • Partner with the San Diego River Park Foundation to identify high density areas of homelessness in the San Diego Riverbank by using their existing on-the-ground mapping program. • Engage with 40 unhoused people living in encampments and meet their immediate needs. • Provide field-based case management, medical and mental healthcare, and other services vital to their housing and wellness stability.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Reducing Food Insecurity in Under-Resourced Individuals Suffering from Type 2 Diabetes</u></p> <p>Mama’s Kitchen provides nutrition services to improve the lives of women, men and children vulnerable to hunger due to HIV, cancer, heart disease, chronic kidney disease, and diabetes. In 2020, Kaiser Permanente paid \$60,000 to Mama’s Kitchen to:</p> <ul style="list-style-type: none"> • Provide 37,440 medically tailored meals specifically designed to improve the health outcomes of 96 clients affected by type 2 diabetes and their dependent children. • Eliminate barriers for clients who are immobile or lack the financial resources to access transportation services. • Provide four individualized nutritional counseling sessions to reduce nutrition insecurity and improve disease self-management. <p><u>Advancing Financial and Workforce Services in Vulnerable Communities</u></p> <p>Casa Familiar's Financial Opportunity Center has been providing financial counseling and coaching, income support and programs, housing assistance and employment and immigration programs to strive for the economic security of residents in the south region of San Diego County. In 2020, Kaiser Permanente provided \$33,000 to Casa Familiar to:</p> <ul style="list-style-type: none"> • Augment Casa Familiar's Financial Opportunity Center as they provide services to those in severe need due to COVID-19. • Improve Financial Opportunity Center’s program infrastructure and remote capabilities. • Assist 3,000 by providing emergency lending circles, individual development accounts and food pantry supportive services.

Need	Summary of impact	Examples of impactful efforts
<p>Mental Health</p>	<p>During 2020, Kaiser Permanente paid 18 grants, totaling \$350,000 addressing this priority health need in the San Diego and Zion service areas. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$64,532 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. <hr/> <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> 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. <p><u>Addressing Youth Vaping within the School System</u> The American Heart Association (AHA) is a catalyst to achieving maximum impact in equitable health and wellbeing in the United States and around the world, spanning all populations addressing overall health and wellbeing, anchored in cardiovascular and brain health. In 2020, Kaiser Permanente paid \$40,000 to AHA to:</p> <ul style="list-style-type: none"> • Conduct a School Vaping Response project across three school districts in San Diego County designed to develop a coordinated set of best practice policies for schools to reduce vaping, apply effective deterrents, and set appropriate supportive measures for high school and middle school students.

Need	Summary of impact	Examples of impactful efforts
		<p><u>Responding to Youth Mental Health and Substance Misuse</u> Mending Matters (MM) provides innovative, student-driven mental health programs on school campuses throughout California. MM is available to all students, with no limitations or special requirements for those who wish to talk to a qualified, mental health professional. In 2020, Kaiser Permanente paid \$60,000 to MM to:</p> <ul style="list-style-type: none"> • Provide an approachable, immediate full-time therapist that addresses the impact of COVID-19 and distance learning on student mental health at Hoover High School. • Address a spectrum of support from prevention to treatment including virtual classroom presentations on coping strategies and adapting to distance learning; ongoing individual and group teletherapy; student focus groups that inform a school-wide mental health needs assessment; and resource navigation for students in crisis. <hr/> <p><u>Building Capacity to Support Maternal Mental Health</u> Postpartum Health Alliance (PHA) is a San Diego non-profit organization dedicated to raising awareness about Perinatal Mood and Anxiety Disorders, educating, and connecting community professionals, and providing support and treatment referrals to perinatal families. In 2020, Kaiser Permanente paid \$40,000 to PHA to:</p> <ul style="list-style-type: none"> • Partner with the San Diego Breastfeeding Center Foundation to implement a multi-pronged approach for improving knowledge, capacity and infrastructure in the community as it relates to maternal mental health and breastfeeding. • Provide virtual education and training for families and health providers, the development of online training modules and scholarships for mental health providers to receive much needed certification in maternal mental health. • Conduct 100 home visits to mothers enrolled in the Black Infant Health program and other programs serving low-income women and provide group classes for women and families focused on PMADs, breastfeeding and returning to work.