



# COMMUNITY BENEFIT PLAN 2022

KAISER FOUNDATION HOSPITALS  
SOUTHERN CALIFORNIA REGION



## SAN DIEGO

# Kaiser Foundation Hospital (KFH)-San Diego/Zion

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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 12.5 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 over 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 California Department of Health Care Access and Information (HCAI) 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 2021 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 2021, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$742,682,799 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 2021** (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$288,558,881
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$99,312
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$199,603,657
Grants and donations for medical services <sup>4</sup>	\$16,348,695
<b>Subtotal</b>	<b>\$504,610,545</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,255,305
Educational Outreach Program	\$987,097
Youth Employment programs <sup>6</sup>	\$1,808,566
Grants and donations for community-based programs <sup>7</sup>	\$40,751,208
Community Benefit administration and operations <sup>8</sup>	\$14,174,499
<b>Subtotal</b>	<b>\$60,976,675</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$1,013,213
Kaiser Permanente Educational Theatre	\$5,513,539
Community Giving Campaign administrative expenses	\$307,906
Grants and donations for the broader community <sup>10</sup>	\$7,678,509
National Board of Directors fund	\$742,763
<b>Subtotal</b>	<b>\$15,255,930</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$106,261,332
Non-MD provider education and training programs <sup>11</sup>	\$28,809,048
Grants and donations for the education of health care professionals <sup>12</sup>	\$828,614
Health research	\$25,940,655
<b>Subtotal</b>	<b>\$161,839,649</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$742,682,799</b>

## TABLE A ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis. 2021 Community Benefit includes a one-time accounting adjustment recognizing Medi-Cal revenue from prior years.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.

<sup>11</sup> Amount reflects the net expenditures after scholarships for health professional education and training programs.

<sup>12</sup> 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 2021**

<b>NORTHERN CALIFORNIA HOSPITALS</b>		<b>SOUTHERN CALIFORNIA HOSPITALS</b>	
Antioch	\$17,917,777	Anaheim	\$16,356,394
Fremont	\$7,116,988	Baldwin Park	\$17,686,803
Fresno	\$16,430,983	Downey	\$20,875,611
Manteca	\$26,686,282	Fontana	\$34,923,576
Modesto	\$17,136,688	Irvine	\$4,235,405
Oakland	\$42,896,496	Los Angeles	\$43,202,504
Redwood City	\$12,306,878	Moreno Valley	\$7,180,582
Richmond	\$33,878,375	Ontario	\$8,042,184
Roseville	\$26,457,596	Panorama City	\$15,120,887
Sacramento	\$50,937,840	Riverside	\$20,134,773
San Francisco	\$30,194,677	San Diego (2 Hospitals)	\$27,423,902
San Jose	\$21,292,093	South Bay	\$14,724,924
San Leandro	\$17,323,610	West Los Angeles	\$23,634,640
San Rafael	\$9,970,325	Woodland Hills	\$12,009,318
Santa Clara	\$29,099,172		
Santa Rosa	\$16,739,665		
South Sacramento	\$38,816,252		
South San Francisco	\$11,517,778		
Vacaville	\$12,770,478		
Vallejo	\$23,750,994		
Walnut Creek	\$13,889,350		
<b>Northern California Total</b>	<b>\$477,131,296</b>	<b>Southern California Total</b>	<b>\$265,551,503</b>

## **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 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/Latinx" indicates total population percentage reporting as Hispanic/Latinx.

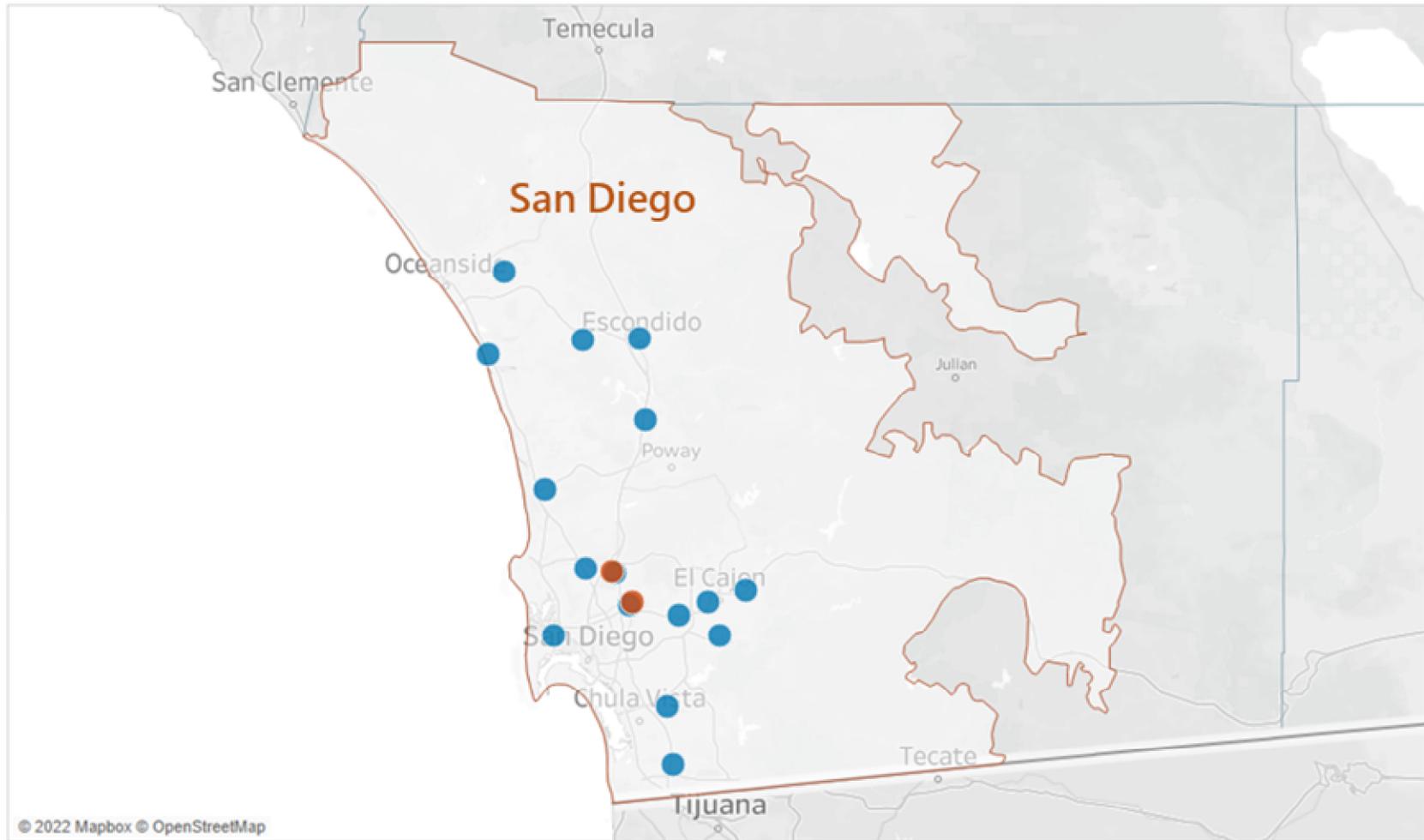
Total population:	3,302,039
American Indian/Alaska Native	0.4%
Asian	12.1%
Black/African American	4.7%
Hispanic/Latinx	34.5%
Multiracial	3.6%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	44.1%
Under age 18	0.4%
Age 65 and over	12.1%

**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

- Kaiser Permanente hospital
- Kaiser Permanente medical offices



## 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 2019 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. 2021 Year-End Results for KFH-San Diego and Zion**

The 2021 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. 2021 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 2021 Year-End Community Benefit Expenditures**

	<b>2021</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$5,566,255
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$16,605
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$11,311,332
Grants and donations for medical services <sup>4</sup>	\$25,411
<b>Subtotal</b>	<b>\$16,919,603</b>
<b>Other Benefits for Vulnerable Populations</b>	
Grants and donations for community-based programs <sup>7</sup>	\$1,677,859
Community Benefit administration and operations <sup>8</sup>	\$1,001,455
<b>Subtotal</b>	<b>\$2,679,314</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$138,598
Kaiser Permanente Educational Theatre <sup>9</sup>	\$618,734
Grants and donations for the broader community <sup>10</sup>	\$150,355
National board of directors fund	\$40,052
<b>Subtotal</b>	<b>\$947,739</b>
<b>Health Research, Education and Training</b>	
Graduate Medical Education	\$4,968,620
Non-MD provider education and training programs <sup>11</sup>	\$853,618
Grants and donations for health research, education, and training <sup>12</sup>	\$97,628
Health research	\$957,380
<b>Subtotal</b>	<b>\$6,877,246</b>
<b>Total Community Benefits Provided</b>	<b>\$27,423,902</b>

*TABLE C ENDNOTES*

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.

- <sup>11</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>12</sup> 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. 2021 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 conducts evaluations 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 2021 (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 2021 Educational Theater provided 234 events in KFH-San Diego and Zion communities, reaching 19,828 youth 2,595 adults across 43 locations.

Need	Summary of impact	Examples of impactful efforts
<p><b>Access to Care</b></p>	<p>During 2021, Kaiser Permanente awarded 8 grants, totaling \$250,500 addressing this priority health need in the San Diego service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling \$236,666 that address this need.</p>	<p><b><u>Providing Affordable Healthcare</u></b>                      In 2021, KFH-San Diego (2 Hospitals) provided \$5,566,255 medical care services to 61,167 Medi-Cal recipients (both health plan members and non-members) and \$11,311,332 in medical financial assistance (MFA) for 12,231 beneficiaries.</p>
		<p><b><u>Core Operating - Capacity Building~*</u></b>                      Community Health Association Inland Southern Region was awarded \$450,000 over 2 years to collaborate with community-based health center members to strengthen the healthcare safety net by providing capacity building, technical assistance and quality improvement activities designed to address access barriers, build local workforce, and elevate staff skills. The initiative is expected to serve 200 individuals through quality improvement initiatives, advocacy, access to care projects, and technical assistance.</p>
		<p><b><u>CPCA Core Support Grant~*</u></b>                      CPCA was awarded \$300,000 over 2 years to support the organization’s core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders</p>
		<p><b><u>Improving Health Coverage and Affordability for Low Income Seniors</u></b>                      San Diegans for Healthcare Coverage was awarded \$40,000 to identify and assist low-income seniors with retaining or gaining Medi-Cal eligibility so that not only are medical care, prescription drugs and wellness programs affordable and accessible to this vulnerable population, but income insecurity is mitigated. The project is expected to reach 750 low-income seniors served by community health centers in San Diego, North County (Vista/Oceanside) and Imperial Beach who are already on Medicare or are 64 (3-6 months before they turn 65).</p>
<p><b>Economic Opportunity</b></p>	<p>During 2021, Kaiser Permanente awarded 16 grants, totaling \$577,408 addressing this priority</p>	<p><b><u>California Housing Services &amp; Operating Subsidy Fund for Project Homekey~*</u></b>                      Enterprise Community Partners was awarded \$12,500,000 over 2 years to establish a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.</p>

Need	Summary of impact	Examples of impactful efforts
	<p>health need in the San Diego service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling \$63,333 that address this need.</p>	<p><b><u>People Assisting the Homeless (PATH)</u></b>                      PATH San Diego’s “San Diego River Homeless Outreach” was awarded \$60,000 over 12 months to implement an innovative partnership with The San Diego River Park Foundation—an environmental organization with robust knowledge and real-time data about the locations of encampments in hard-to-reach natural areas. The partnership is expected to reach 40 unhoused individuals and match them to services and housing.</p> <p><b><u>Inner City Capital Connections Program~</u></b>                      Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.</p>
<p><b>Mental Health</b></p>	<p>During 2021, Kaiser Permanente awarded 4 grants, totaling \$155,000 addressing this priority health need in the San Diego service area. In</p>	<p><b><u>Child Behavioral Health Agenda~</u></b>                      During 2020-2021, Children Now was awarded \$300,000 over 2 years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California’s workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the State to incorporate the evidence-based models to support the whole-child and educating policymakers on ways to transform workforce programs to benefit children.</p>

Need	Summary of impact	Examples of impactful efforts
	<p>addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 1 grant, totaling \$95,000 that address this need.</p>	<p><b><u>Building Capacity to Support Maternal Mental Health</u></b>                      During 2020-2021, Post-Partum Health Alliance was awarded \$40,000 over to partner with the San Diego Breastfeeding Center Foundation and other key organizational partners to implement a multi-pronged approach for improving knowledge, capacity and infrastructure in the community as it relates to maternal mental health and breastfeeding. This includes 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. The Post-Partum Health Alliance is expected to serve 176 by providing 100 percent of women and family participants with breastfeeding support and PMADS education, increasing the number of mental health clinicians in San Diego region with specialized training in PMADS and 2 trainings completed in an online format and refreshed materials that have been updated with increased cultural sensitivity.</p>