



COMMUNITY BENEFIT PLAN 2022

KAISER FOUNDATION HOSPITALS
SOUTHERN CALIFORNIA REGION



SOUTH BAY

Kaiser Foundation Hospital (KFH)-South Bay

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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 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.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$288,558,881
Charity care: Charitable Health Coverage Programs ²	\$99,312
Charity care: Medical Financial Assistance Program ³	\$199,603,657
Grants and donations for medical services ⁴	\$16,348,695
Subtotal	\$504,610,545
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,255,305
Educational Outreach Program	\$987,097
Youth Employment programs ⁶	\$1,808,566
Grants and donations for community-based programs ⁷	\$40,751,208
Community Benefit administration and operations ⁸	\$14,174,499
Subtotal	\$60,976,675
Benefits for the Broader Community⁹	
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 ¹⁰	\$7,678,509
National Board of Directors fund	\$742,763
Subtotal	\$15,255,930
Health Research, Education, and Training	
Graduate Medical Education	\$106,261,332
Non-MD provider education and training programs ¹¹	\$28,809,048
Grants and donations for the education of health care professionals ¹²	\$828,614
Health research	\$25,940,655
Subtotal	\$161,839,649
TOTAL COMMUNITY BENEFITS PROVIDED	\$742,682,799

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. Unreimbursed Medi-Cal expenses in 2021 are reduced by an accounting adjustment recognizing prior years Medi-Cal revenue from the Hospital Quality Assurance Fee program that had been previously deferred.
- 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 2021

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
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		
Northern California Total	\$477,131,296	Southern California Total	\$265,551,503

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-South Bay Community Served

A. Kaiser Permanente’s Definition of Community Served

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

B. Demographic Profile of the Community Served

The following table includes race, ethnicity data for the KFH-South Bay service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latinx" indicates total population percentage reporting as Hispanic/Latinx.

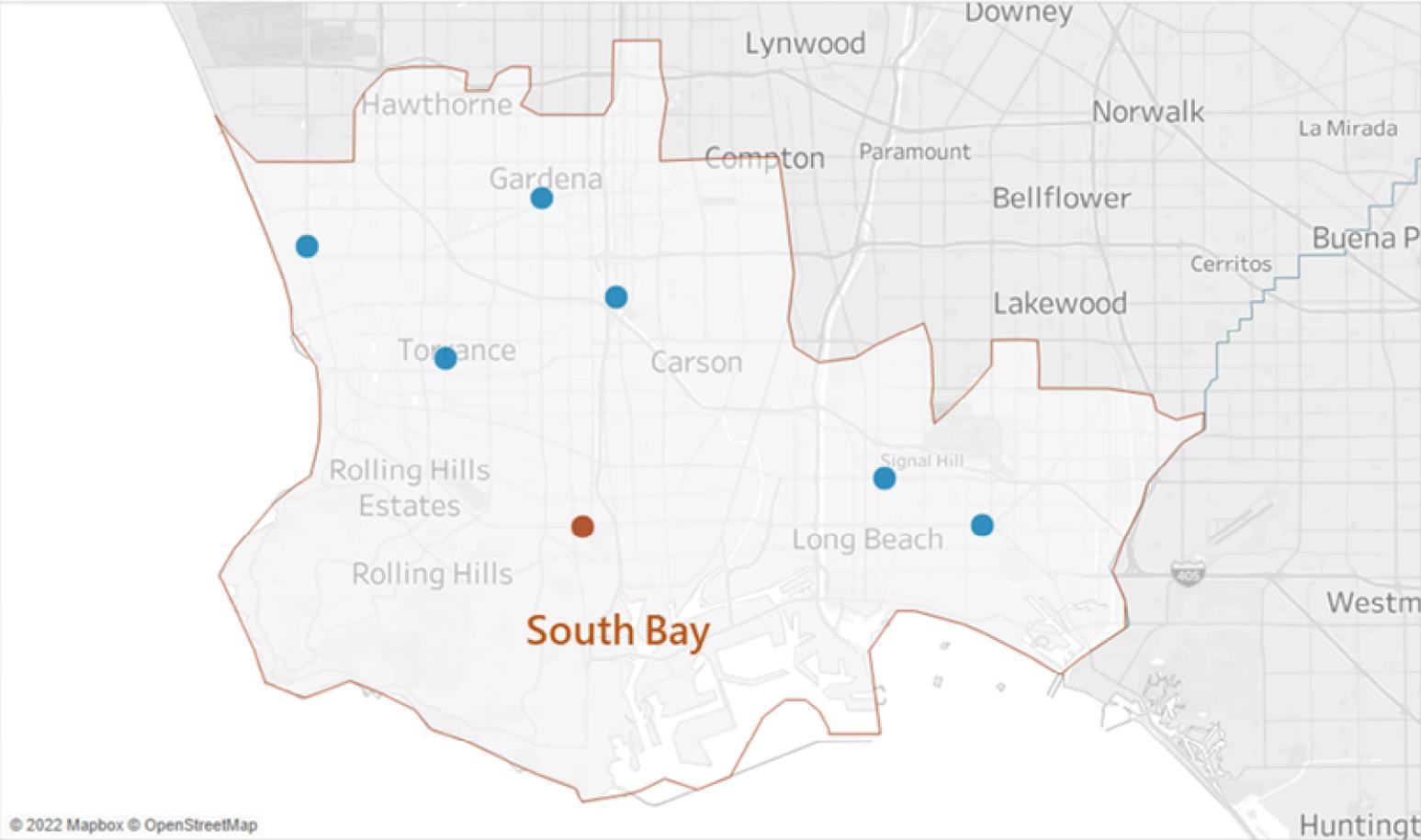
Total population:	1,354,087
American Indian/Alaska Native	0.2%
Asian	17.2%
Black/African American	11.2%
Hispanic/Latinx	38.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.3%
White	28.3%
Under age 18	22.2%
Age 65 and over	14.1%

C. Map and Description of Community Served

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

KFH-South Bay Service Area Map

● Kaiser Permanente hospital ● Kaiser Permanente medical offices



IV. KFH-South Bay Community Health Needs

The following are the health needs that KFH-South Bay is addressing during the 2020-2022 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

Access to Care. Access to health care greatly impacts one's physical, mental, and social health and overall quality of life. This issue of access is comprised of many factors, including but not limited to affordability, treatment by health care professionals, ability to navigate the system, and availability of services. Indicators such as rates of uninsured and utilization of various types of care help to gauge accessibility of health care within communities. In the KFH-South Bay service area, low-income and Hispanic/Latino residents are more likely to be uninsured. Community input sessions shed light on challenges people from marginalized groups face when accessing health care in the KFH-South Bay service area including experiencing judgement and discrimination in health care settings and being fearful of sharing information given the current political climate around immigration. Access to care was selected to be addressed in the Implementation Strategy because secondary data and community engagement revealed that it is a priority health need and KFH-South Bay has existing resources, partnerships, and potential opportunities to address this need.

Economic Security. Economic security encompasses education and employment, food, and housing needs. Education and employment are interrelated and together impact one's socioeconomic status. A growing body of evidence demonstrates the advantages afforded those with more education and better employment, such as more resources to support healthy habits, reduced stress, stronger social and psychological skills, and larger social networks. Conversely, individuals with less education and employment are more likely to have less access to food, health care, and other community resources. They also have fewer choices when it comes to their environment, often not being able to choose safer neighborhoods or neighborhoods with less exposure to environmental toxins. Using high school graduation rates as an indicator, Hispanic/Latino and Native American/Alaska Native residents in KFH-South Bay disproportionately experience higher rates of no high school diploma, as compared to White residents (38% and 42% vs. 4%, respectively). These findings were underscored by themes from community input sessions, which highlighted racial bias in the academic environment.

Food is an integral part of one's health. Low income communities struggle with having enough to eat as well as accessing healthy food options. Research has shown that individuals experiencing food insecurity have increased risk for obesity and

higher rates of chronic disease. In the KFH-South Bay service area, people living in poverty, African Americans, Hispanics/Latinos, and seniors experience higher rates of food insecurity. During community input sessions, participants highlighted barriers to accessing nutritious food. For example, benefits programs (e.g., Cal Fresh and WIC) are a big help, but can be challenging to navigate and are not available to everyone. In addition, social stigma and shame prevent people from accessing benefits and services.

The cost of housing continues to be a large financial burden particularly for low income families. In Los Angeles County, it has been estimated that renters need to earn \$46.15/hour to afford the median monthly rent. This is more than 4 times local minimum wage. Low income renters can spend up to 71% of their income on rent, leaving little left for health care bills, food, and transportation. The current demand for affordable housing exceeds existing inventory, with a gap of 500,000 homes. The KFH-South Bay service area has more than 4,000 homeless individuals, 80% of which are unsheltered. African Americans are disproportionately impacted by homelessness. They make up 34% of the homeless population in South Bay and only 10% of the overall population. During community engagement sessions with local service providers, they talked about factors that play a role in homelessness including low wages and increased cost of living, lack of treatment and support for people with mental illness, and resident opposition to housing development in many communities.

Economic security (education and employment, food, and housing) is a social predictor that greatly impacts one's ability to lead a health life and if not addressed in the Implementation Strategy can exacerbate existing poor health outcomes in the community.

Mental Health. Poor mental health is a leading cause of disability in many developed countries, and greatly impact one's physical health. A growing body of evidence demonstrates a strong association between poor mental health and chronic conditions, such as cardiovascular disease, diabetes, asthma, and some cancers. Within the KFH-South Bay service area, residents experience four poor mental health days per month on average. Under-resourced communities within the KFH-South Bay service area experience higher rates of poor mental health. Community input session participants shared stories about the ways in which the stresses that come with poverty, especially violence at home, impact mental health. They also discussed difficulties faced when trying to access mental health services including a severe lack of providers and reluctance to address mental health issues because of the associated stigma. This health need was selected to be addressed in the Implementation Strategy because of the urgency of the need and the existing efforts already being conducted around this issue in the service area.

Structural Racism and Marginalization. Historic and present-day public and institutional policies and practices impact the places we live, learn, and work. However, such policies and practices have not provided everyone the necessary financial

resources, investments, and opportunities to live a long healthy life, and have pushed many groups to the edge of society by not allowing them an active voice and place in it. This has resulted in significant health and economic disparities based on categorization of race, ethnicity, gender, sexual identity, or mental capacity. In South Bay, there are many indicators of health disparities. African Americans, for example, experience higher rates of diabetes, high blood pressure, stroke, and infant deaths as compared to other racial/ethnic groups. Participants in community input sessions provided insights into how residents from marginalized groups experience these inequities including struggling to access care and being disproportionately impacted by upstream factors that affect health such as lack of employment, poor education, and violence in the community. This health need was selected to be addressed because of its deep overlap with and impact on all other health needs. In addition, KFHSouth Bay has existing resources, partnerships, and potential opportunities to address this need.

B. Health Needs Not Addressed

The implementation strategy planning process requires KFHSouth Bay Medical Center to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFHSouth Bay Medical Center is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). KFHSouth Bay Medical Center has selected and intends to address all needs identified in the Community Health Needs Assessment. Given the alignment of strategies meant to address economic security, the following health needs will be addressed alongside each other: education and employment, food insecurity, and housing/homelessness. In addition, structural racism and marginalization will be addressed by incorporating an equity lens throughout planning, implementation, and execution of all of the selected strategies.

V. 2021 Year-End Results for KFH-South Bay

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-South Bay

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

Table C: KFH-South Bay 2021 Year-End Community Benefit Expenditures

	2021 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$6,408,452
Charity care: Charitable Health Coverage Programs ²	\$3,760
Charity care: Medical Financial Assistance Program ³	\$4,152,125
Grants and donations for medical services ⁴	\$150,481
Subtotal	\$10,714,818
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$1,085,102
Summer Youth and INROADS Programs ⁶	\$52,336
Grants and donations for community-based programs ⁷	\$575,790
Community Benefit administration and operations ⁸	\$514,146
Subtotal	\$2,227,374
Benefits for the Broader Community	
Community health education and promotion programs	\$57,167
Kaiser Permanente Educational Theatre ⁹	\$275,353
Grants and donations for the broader community ¹⁰	\$62,017
National board of directors fund	\$16,520
Subtotal	\$411,057
Health Research, Education and Training	
Graduate Medical Education	\$333,498
Non-MD provider education and training programs ¹¹	\$603,024
Grants and donations for health research, education, and training ¹²	\$40,268
Health research	\$394,886
Subtotal	\$1,371,676
Total Community Benefits Provided	\$14,724,924

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. 2021 Examples of KFH-South Bay Activities Addressing Selected Health Needs

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

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also 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-South Bay. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years. The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-South Bay service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2021 (Tables B and C). In addition to the below examples Kaiser Permanente, Southern California implements additional efforts that address multiple health needs:

- The Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In 2021, WCLC provided services to 317 individuals (predominantly of African American and Latino descent), reaching 62 children, 95 teens and young adults, and 160 adults.
- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections.

All performances are delivered by professional actors who are also trained health educators. In 2021, Educational Theater provided 92 events in the KFH-South Bay communities, reaching 7,516 youth and 381 adults across 15 locations.

Need	Summary of impact	Examples of impactful efforts
<p>Access to Care</p>	<p>During 2021, Kaiser Permanente awarded 11 grants, totaling \$185,023 addressing this priority health need in the South Bay service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 7 grants, totaling \$352,142 that address this need.</p> <p>This also includes awarded grant(s) that address structural racism.</p>	<p><u>Providing Affordable Healthcare</u> In 2021, KFHSouth Bay provided \$6,408,452 in medical care services to 25,926 Medi-Cal recipients (both health plan members and non-members) and \$4,152,125 in medical financial assistance (MFA) for 5,059 beneficiaries.</p> <p><u>Core Grant~*</u> California Primary Care Association was awarded \$300,000 over a 2 year period to reach 35,000 health center staff and leadership through a comprehensive training program, individual technical assistance, statewide convenings and conferences, and topic-specific peer networks. The grant is expected to serve 35,000 individuals by training health center leaders to improve and sustain operations and care delivery to their patients and strengthening internal networks through peer education.</p> <p><u>General Operating Support</u> Wilmington Community Clinic was awarded \$12,500 to provide medical visits to uninsured patients who qualify on a sliding fee scale, provide alternate methods for medical visits including telephonic and telehealth and conduct three infection control training with staff. The grant is expected to provide care to 100 uninsured patients and 100 additional patients through alternate methods.</p> <p><u>Black Maternal Health Center for Excellence</u> Charles R. Drew University of Medicine and Science received a \$50,000 donation over to improve Black birth outcomes through Midwifery Workforce Development, Integration & Advocacy. The project is expected to serve 14,800 by expanding access to community-based reproductive care in Los Angeles County by strengthening the pipeline of diverse midwives, providing interprofessional training to support interdisciplinary perinatal care, establishing partnerships to improve the integration of midwives into hospital settings and supporting statewide advocacy to expand access to midwifery care.</p>

Need	Summary of impact	Examples of impactful efforts
<p>Economic Opportunity</p>	<p>During 2021, Kaiser Permanente awarded 30 grants, totaling \$576,827 addressing this priority health need in the South Bay service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 5 grants, totaling \$920,476 that address this need.</p>	<p><u>General Operating Support</u> The Foodbank of Southern California was awarded \$75,000 to provide supplemental highly nutritional food, including fresh produce to 450,000 low-income and food insecure people living within the South Bay service area.</p> <p><u>Housing for Health~*</u> Enterprise Community Partners' California Housing Services & Operating Subsidy Fund for Project Homekey was awarded \$12,500,000 over a 22-month period to establish a Fund to meet a critical need of permanent housing for people experiencing homelessness across the state. This public-private partnership seeks to build a pathway to safe, affordable, and sustainable housing for California's most vulnerable by providing needed operational support and wraparound service supports for up to 1,500 new state-acquired housing units.</p> <p><u>Inner City Capital Connections Program~</u> The Initiative for a Competitive Inner City, Inc. was awarded \$180,000 over 5 months to deliver the Inner City Capital Connections Program (ICCC) in Southern California to reach 150 business owners from economically under-resourced communities through executive education training seminars and panels designed to build capacity for sustainable growth in revenue, profitability, and employment.</p>
<p>Mental Health</p>	<p>During 2021, Kaiser Permanente awarded 8 grants, totaling \$169,821 addressing this priority health need in the South Bay service area.</p>	<p><u>Child Behavioral Health Agenda~</u> Children Now was awarded \$300,000 over two 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>This also includes awarded grant(s) that address structural racism</p>	<p><u>Mental Health Services</u></p> <p>One in Long Beach, Inc. was awarded \$10,500 over to deliver a multi-session mental health training series to 125 mental health providers to increase their capacity to provide culturally affirming and culturally appropriate care to LGBTQ individuals.</p> <hr/> <p><u>Sisters Mentally Mobilized - Los Angeles Engagement</u></p> <p>California Black Women’s Health Project received a \$50,000 donation for a prevention/early intervention project designed to reduce mental illness severity among Black women. The project is expected to reach 3,400 by training Black women in four California regions to be mental health advocates and builds community Sister Circles to mobilize in support of mental health awareness, access, and advocacy.</p>