



ANAHEIM

IRVINE

Kaiser Foundation Hospital – Southern California Region



2019 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation Hospital (KFH)-Anaheim and KFH-Irvine

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I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2019 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, 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 2019, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,439,765,145 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 2019 (Endnotes on following page.)

| | |
|---|------------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$618,814,234 |
| Charity care: Charitable Health Coverage Programs ² | \$257,894 |
| Charity care: Medical Financial Assistance Program ³ | \$282,502,318 |
| Grants and donations for medical services ⁴ | \$218,070,775 |
| Subtotal | \$1,119,645,221 |
| Other Benefits for Vulnerable Populations | |
| Watts Counseling and Learning Center ⁵ | \$3,158,972 |
| Educational Outreach Program | \$953,512 |
| Youth Employment programs ⁶ | \$3,564,302 |
| Grants and donations for community-based programs ⁷ | \$133,179,218 |
| Community Benefit administration and operations ⁸ | \$25,624,463 |
| Subtotal | \$166,480,466 |
| Benefits for the Broader Community⁹ | |
| Community health education and promotion programs | \$1,112,480 |
| Kaiser Permanente Educational Theatre | \$5,974,079 |
| Community Giving Campaign administrative expenses | \$829,290 |
| Grants and donations for the broader community ¹⁰ | \$671,153 |
| National board of directors fund | \$742,767 |
| Subtotal | \$9,329,769 |
| Health Research, Education, and Training | |
| Graduate Medical Education | \$87,840,700 |
| Non-MD provider education and training programs ¹¹ | \$25,255,180 |
| Grants and donations for the education of health care professionals ¹² | \$436,011 |
| Health research | \$30,777,798 |
| Subtotal | \$144,309,689 |
| TOTAL COMMUNITY BENEFITS PROVIDED | \$1,439,765,145 |

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.
- ¹² Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2019

| NORTHERN CALIFORNIA HOSPITALS | | SOUTHERN CALIFORNIA HOSPITALS | |
|--------------------------------------|----------------------|--------------------------------------|----------------------|
| Antioch | \$35,768,656 | Anaheim | \$41,728,249 |
| Fremont | \$22,508,271 | Baldwin Park | \$37,388,708 |
| Fresno | \$24,990,841 | Downey | \$50,333,791 |
| Manteca | \$38,529,039 | Fontana | \$72,058,825 |
| Modesto | \$22,587,451 | Irvine | \$18,035,249 |
| Oakland | \$62,195,446 | Los Angeles | \$59,387,017 |
| Redwood City | \$23,440,689 | Moreno Valley | \$15,967,219 |
| Richmond | \$45,731,685 | Ontario | \$25,273,294 |
| Roseville | \$53,868,961 | Panorama City | \$46,014,300 |
| Sacramento | \$88,401,308 | Riverside | \$41,883,128 |
| San Francisco | \$49,037,146 | San Diego | \$61,354,560 |
| San Jose | \$34,701,054 | South Bay | \$35,132,387 |
| San Leandro | \$42,644,714 | West Los Angeles | \$45,513,316 |
| San Rafael | \$23,415,220 | Woodland Hills | \$29,875,524 |
| Santa Clara | \$51,337,799 | | |
| Santa Rosa | \$42,526,681 | | |
| South Sacramento | \$66,121,388 | | |
| South San Francisco | \$24,953,097 | | |
| Vacaville | \$31,496,130 | | |
| Vallejo | \$43,610,238 | | |
| Walnut Creek | \$31,953,764 | | |
| Northern California Total | \$859,819,578 | Southern California Total | \$579,945,569 |

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-Anaheim and Irvine Community Served

A. Kaiser Permanente's Definition of Community Served

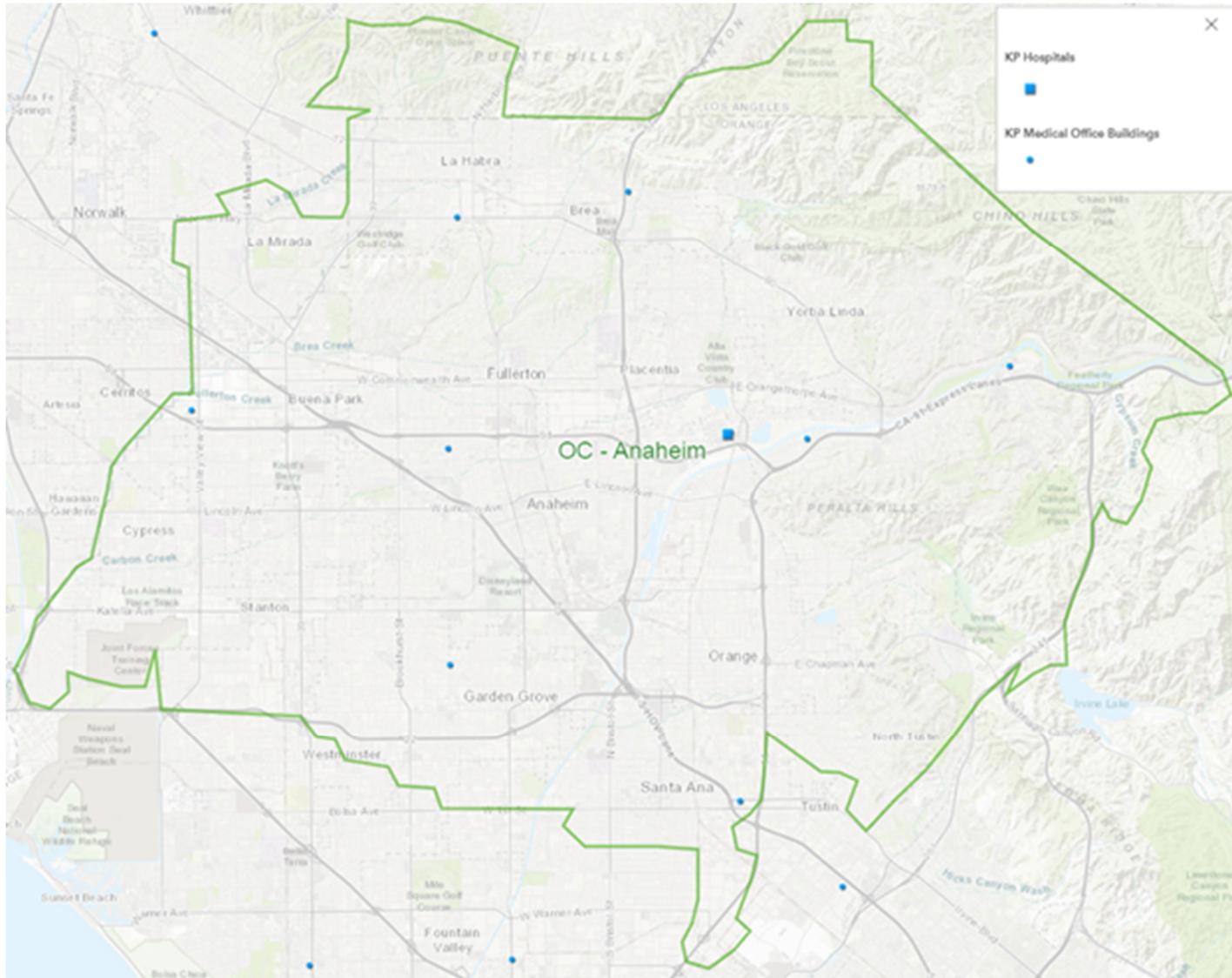
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

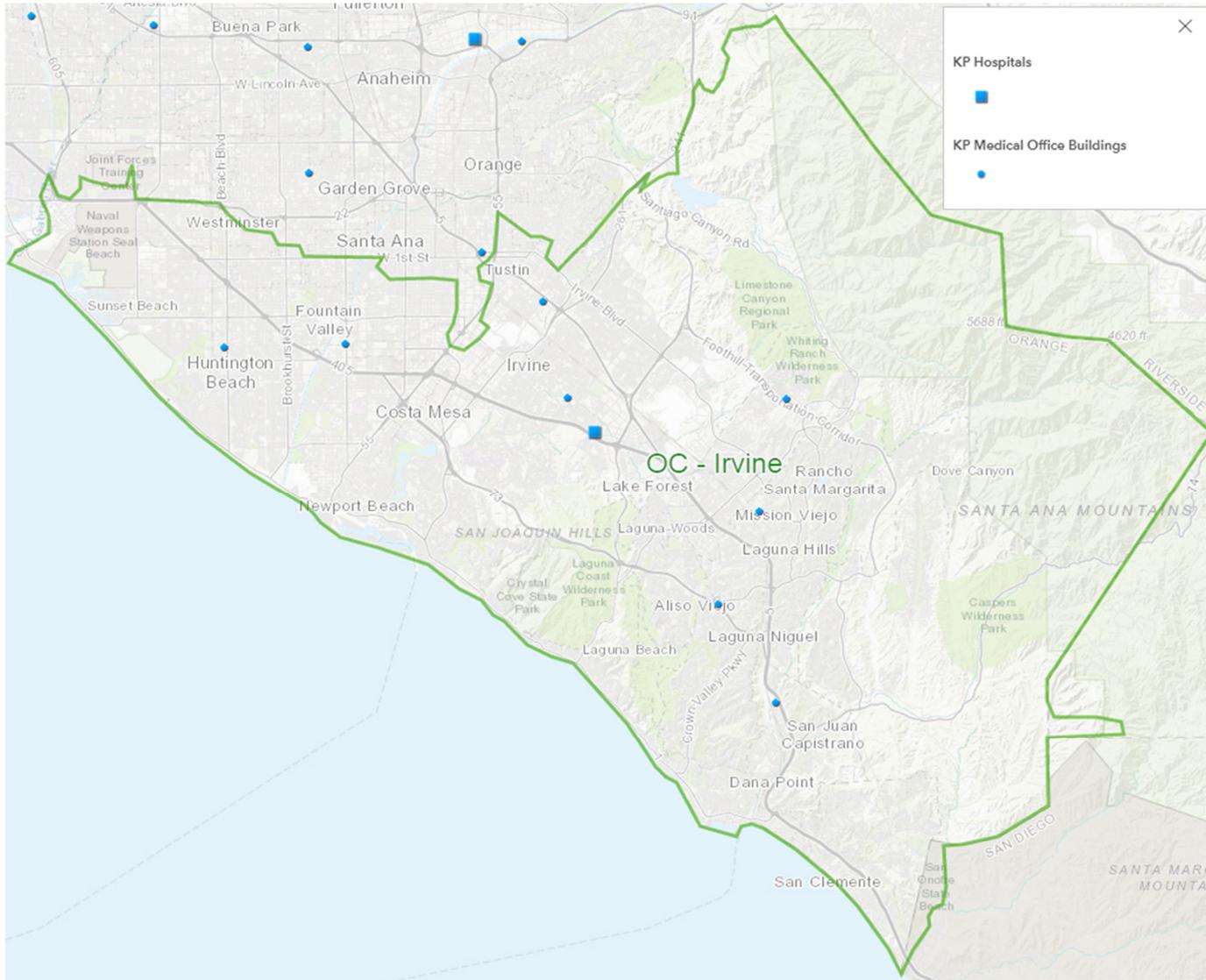
The KFH-Anaheim service area includes Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

The KFH-Irvine service area includes Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

KFH-Anaheim Service Area Map



KFH-Irvine Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Anaheim and KFH-Irvine service areas. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2018; ACS 5-year estimates, 2013-2017; Bureau of Labor Statistics, 2018]

KFH-Anaheim Service Area Demographics

| Race/Ethnicity | | Socioeconomic | |
|-------------------------------|-----------|---|-------|
| Total Population | 1,575,967 | Living in Poverty (<100% Federal Poverty Level) | 14.1% |
| Asian/Pacific Islander | 20.87% | Children in Poverty | 18.5% |
| Black | 1.92% | Unemployment | 3.2% |
| Hispanic/Latino | 45.72% | Uninsured Population | 12.5% |
| Native American/Alaska Native | 0.20% | Adults with No High School Diploma | 21.5% |
| Some Other Race | 0.16% | | |
| Multiple Races | 2.15% | | |
| White | 28.98% | | |

KFH-Irvine Service Area Demographics

| Race/Ethnicity | | Socioeconomic | |
|-------------------------------|-----------|---|-------|
| Total Population | 1,736,337 | Living in Poverty (<100% Federal Poverty Level) | 10.3% |
| Asian/Pacific Islander | 20.26% | Children in Poverty | 11.5% |
| Black | 1.34% | Unemployment | 3.1% |
| Hispanic/Latino | 24.91% | Uninsured Population | 8.5% |
| Native American/Alaska Native | 0.18% | Adults with No High School Diploma | 11.6% |
| Some Other Race | 0.19% | | |
| Multiple Races | 3.46% | | |
| White | 49.65% | | |

IV. KFH-Anaheim and Irvine Community Health Needs

The following are the health needs that KFH-Anaheim and Irvine is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2016 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

KFH-Anaheim Service Area

a. Access to Care

Limited access to health care impacts people's ability to reach their full potential and negatively affects their overall health and quality of life. In the Anaheim MCA, 20.8% of the total civilian, non-institutionalized population lacks health insurance coverage. The percentage of uninsured in the Anaheim MCA is higher than Orange County (17.4%) and California (17.9%). People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the Anaheim MCA is highest among young adults, especially in the Hispanic/Latino population and among immigrants (particularly those who are undocumented). Barriers to health care access in the Anaheim MCA include the financial cost of care, lack of affordable specialty care providers, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the Anaheim MCA, as the area's transportation system leaves much to be desired, and half of the population (53.9%) lives in a geographic area designated as a "Health Professional Shortage Area." Additionally, there are too few providers who accept Medi-Cal, an issue that will be compounded by the influx of newly insured population as a result of implementation of the Affordable Care Act.

b. Economic Security

Poverty is a primary social determinant of health and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe space for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization. In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWorks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the Anaheim MCA, 15.9% of children live in poverty, and 11.28% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/Latino populations, as well as Native American/Alaska Native, and Native Hawaiian/Pacific Islander communities. Within the Anaheim MCA, 22.9% of the population aged 25 and above lacks a high school diploma and 7.0% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

c. Mental and Behavioral Health

Good mental health plays a crucial role in the health and wellbeing of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 8.4 per 100,000 people in the Anaheim MCA; suicide incidence is a major indicator of mental illness. The Anaheim MCA's suicide incidence has seen steady increase. In 2011, 12.4% of the adult population reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves or use of alcohol or drugs. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one's ability to participate in health-promoting and coping behaviors. Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. The County's mental health program serves about 34% of Orange County residents with a serious mental health illness, leaving about two-thirds with private care or no care.

d. Obesity/HEAL/Diabetes

Over half of the adults in the Anaheim MCA, and 41.2% of children, are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age. Lack of life-long healthy eating, active living and weight management skills result in elevated rates of obesity/overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

KFH-Irvine Service Area

a. Access to Care

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access dental care. Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due existing partnerships and collaborations that can help address this need.

b. Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security. There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is “job rich and housing poor”. While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in unstable housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14.

c. Mental and Behavioral Health

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life and can contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,000 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine’s collaboration with public health and community health partners to best address this health need.

d. Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both the worsening weight status among children and adults and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12. From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65

years old, Hispanics/Latinos, African Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

B. Health Needs Not Addressed

The remaining prioritized health needs for the Anaheim MCA will not be addressed by KFH-Anaheim because they demonstrated lower 'Need,' and 'Feasibility' than the selected health needs using the aforementioned strategy grid methodology. The selected health needs (Obesity/HEAL/Diabetes, Economic Security, Mental and Behavioral Health, Access to Care) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations. There are strong community partners mobilizing around these issues and KFH-Anaheim has unique resources and capacity to dedicate to work focused on these health needs. The needs that will not be addressed for Anaheim are: 1. Housing 2. Community Violence 3. Physical Activity 4. Cardiovascular Disease 5. Language Barriers 6. Cancer 7. Oral/Dental Health 8. Maternal & Child Health 9. Alzheimer's 10. HIV/AIDS As discussed in section VIII, Cardiovascular Disease was not selected as it earned a low feasibility score. Furthermore, Community violence, Language Barriers, Cancer, Maternal & Child Health, Alzheimer's, and HIV/AIDS were not selected as health needs to address, as they did not pass the primary criteria of being prioritized common needs in both KFH-Anaheim and KFH-Irvine. Additionally, though not selected as individual health needs, Housing was folded into the selected need of Economic Security, Physical Activity was folded into the selected need of Obesity/HEAL/Diabetes, and Oral/Dental Health was folded into the selected need of Access to Care. While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Anaheim will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where needs align with current strategy and priorities.

The remaining prioritized health needs for the Irvine-MCA will not be addressed by KFH-Irvine because they demonstrated lower 'Need,' and 'Feasibility' than the selected health needs using the aforementioned strategy grid methodology. The selected health needs (Obesity/HEAL/Diabetes, Economic Security, Mental and Behavioral Health, Access to Care) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations. There are strong community partners mobilizing around these issues and KFH-Irvine has unique resources and capacity to dedicate to work focused on these health needs. The needs that will not be addressed for Irvine are: 1. Housing 2. Substance Abuse/Use 3. Oral/Dental Health 4. Cancer 5. Cardiovascular Disease 6. Alzheimer's 7. Suicide 8. Maternal & Child Health 9. HIV/AIDS As discussed in section VIII, Cardiovascular Disease was not selected as it earned a low feasibility score. Furthermore, Cancer, Alzheimer's, Maternal & Child Health, and HIV/AIDS were not selected as health needs to address as they did not pass the primary criteria of being prioritized common needs in both KFH Anaheim and KFH-Irvine. Additionally, though not selected as individual health needs, Housing was folded into the selected need of Economic Security, Substance Use and Abuse was folded into the selected need of Mental and Behavioral Health, Oral/Dental Health was folded into the selected need of Access to Care, and Suicide was folded into the selected need of Mental and Behavioral Health. While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the

health of our communities. KFH-Irvine will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where needs align with current strategy and priorities.

V. 2017-2019 Strategies to Address Health Needs

This section details the strategies the hospital will use to address the community health needs raised in its community health needs assessment. For a complete description of the 2017-2019 Implementation Strategy Plan, please visit <http://www.kp.org/chna>.

KFH-Anaheim Service Area

Access to Care

KFH-Anaheim's long-term goal for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core strategies to address access to care in the community.

- Provide training for medical professionals to improve the delivery care infrastructure and/or implement new models of care provision to improve the capacity of the primary care workforce.
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-for-Service).
- Provide heavily subsidized health care coverage.
- Provide Medical Financial Assistance (i.e. Charity Care).
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.
- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.

Economic Security

KFH-Anaheim's long-term goal for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core strategies to address financial wellbeing in the community.

- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.

- Support local governments, schools and/or community-based organizations that increase economic security for individuals and families by expanding opportunities for employment, education and workforce pipeline.
- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security.

Mental and Behavioral Health

KFH-Anaheim's long-term goal for addressing social and mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core strategies to address mental health in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support school and youth development organizations in learning about and addressing (through sharing of teen assessment tool) mental and behavioral health, including suicide prevention and trauma-informed care.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Obesity/HEAL/Diabetes

KFH-Anaheim's long-term goal for addressing healthy eating active living is that all community members eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve access to opportunities for physical activity in the community.
- Improve linkages between health care services and community-level services.
- Improve access to healthy food options in the community.

These priorities have guided the development of the following core strategies to address Obesity/HEAL/Diabetes in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes).

- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- Support multi-level, multi component initiatives in school settings to produce a significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities.
- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes).
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health.

KFH-Irvine Service Area

Access to Care

KFH-Irvine's long-term goal for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core strategies to address access to care in the community.

- Provide training for medical professionals to improve the delivery care infrastructure and/or implement new models of care provision to improve the capacity of the primary care workforce.
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.
- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.
- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-for-Service).
- Provide heavily subsidized health care coverage.
- Provide Medical Financial Assistance (i.e. Charity Care).

Economic Security

KFH-Irvine's long-term goal for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core strategies to address financial wellbeing in the community.

- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.
- Support local governments, schools and/or community-based organizations that increase economic security for individuals and families by expanding opportunities for employment, education and workforce pipeline.
- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security.

Mental and Behavioral Health

KFH-Irvine's long-term goal for addressing social and mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core strategies to address mental health in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support school and youth development organizations in learning about and addressing (through sharing of teen assessment tool) mental and behavioral health, including suicide prevention and trauma-informed care.
- Support policies and programs that address early child development and toxic stress, including positive parenting and violence-free homes.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health.
- Leverage KP assets to drive community health and champion organizational practice change within KP that promote mental and behavioral health.
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Obesity/HEAL/Diabetes

KFH-Irvine's long-term goal for addressing healthy eating active living is that all community members eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve access to opportunities for physical activity in the community.
- Improve linkages between health care services and community-level services.

These priorities have guided the development of the following core strategies to address Obesity/HEAL/Diabetes in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes).
- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- Support multi-level, multi component initiatives in school settings to produce a significant and impact on the health of students, staff and teachers in K-12 schools within communities served by Kaiser Permanente.
- Support partnerships and networks that sustain and scale change and lift priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health.

VI. 2019 Year-End Results for KFH-Anaheim and Irvine

The 2019 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 2017-2019 Implementation Strategy Plan at <http://www.kp.org/chna>.

A. 2019 Community Benefit Financial Resources Provided by KFH-Anaheim and Irvine

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-Anaheim and Irvine 2019 Year-End Community Benefit Expenditures

| | Anaheim 2019 Totals | Irvine 2019 Totals |
|---|----------------------------|---------------------------|
| Medical Care Services for Vulnerable Populations | | |
| Medi-Cal shortfall ¹ | \$15,138,308 | \$8,977,408 |
| Charity care: Charitable Health Coverage Programs ² | \$24,504 | \$19,720 |
| Charity care: Medical Financial Assistance Program ³ | \$12,812,646 | \$548,613 |
| Grants and donations for medical services ⁴ | \$3,068,140 | \$2,474,188 |
| Subtotal | \$31,043,598 | \$12,019,929 |
| Other Benefits for Vulnerable Populations | | |
| Grants and donations for community-based programs ⁷ | \$5,449,101 | \$4,355,500 |
| Community Benefit administration and operations ⁸ | \$714,096 | \$444,315 |
| Subtotal | \$6,163,197 | \$4,799,815 |
| Benefits for the Broader Community | | |
| Community health education and promotion programs | \$77,475 | \$63,407 |
| Kaiser Permanente Educational Theatre ⁹ | \$534,572 | \$218,831 |
| Community Giving Campaign administrative expenses | \$6,749 | \$5,523 |
| Grants and donations for the broader community ¹⁰ | \$37,365 | \$14,212 |
| National board of directors fund | \$20,633 | \$16,887 |
| Subtotal | \$676,794 | \$318,860 |
| Health Research, Education and Training | | |
| Graduate Medical Education | \$2,772,735 | \$3,679 |
| Non-MD provider education and training programs ¹¹ | \$457,137 | \$389,811 |
| Grants and donations for health research, education, and training ¹² | \$20,580 | \$16,843 |
| Health research | \$594,208 | \$486,312 |
| Subtotal | \$3,844,660 | \$896,645 |
| Total Community Benefits Provided | \$41,728,249 | \$18,035,249 |

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. 2019 Examples of KFH-Anaheim and Irvine 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-Anaheim Implementation Strategy Report and the KFH-Irvine Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

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

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Anaheim and Irvine. 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-Anaheim and Irvine 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 2019 (Tables B and C). In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements 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 2019, Educational Theater provided 39 events in 22 schools in the KFH-Anaheim communities, reaching 9,496 youth and 296 adults.
 - In 2019, Educational Theater provided 30 events in 19 schools in the KFH-Irvine communities, reaching 6,722 youth and 243 adults.

| Need | Summary of impact | Examples of most impactful efforts |
|-----------------------|--|---|
| Access to Care | <p>During 2019, Kaiser Permanente paid 9 grants, totaling \$165,222 addressing this priority health need in the Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$50,000 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 7 grants, totaling \$125,222 addressing this priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$50,000 that addresses this need.</p> | <p><u>Providing Affordable Healthcare</u> In 2019, KFH-Anaheim provided \$15,138,308 in medical care services to 27,671 Medi-Cal recipients (both health plan members and non-members) and \$12,812,646 in medical financial assistance (MFA) for 13,601 beneficiaries.</p> <p>In 2019, KFH-Irvine provided \$8,977,408 in medical care services to 17,008 Medi-Cal recipients (both health plan members and non-members) and \$548,613 in medical financial assistance (MFA) for 3,658 beneficiaries.</p> <p><u>Advocating Expansion of Health Care Access for Low-Income Californians~*</u> Through policy-focused research and broad-based stakeholder engagement, the Insure the Uninsured Project (ITUP) promotes innovative and workable policy solutions that expand health care access and improve the health of low-income and underserved communities in Californian. In 2019, Kaiser Permanent paid \$75,000 (split among 15 service areas) to ITUP to:</p> <ul style="list-style-type: none"> • Conduct issue education and targeted communications to educate and inform state and local policymakers, media, and stakeholders on state and federal health reform topics affecting coverage, care and the delivery of health and health related services in California. • Convene 12 regional and local health care workgroups that include stakeholders and community leaders in collective problem-solving and shared learning on health care issues and timely health policy topics. • Conduct and disseminate health policy research to inform state and local leaders and policymakers. <p><u>Advocating for Health Centers to Improve the Health of Vulnerable Populations~</u> California’s Primary Care Association (CPCA) provides education, training, and advocacy to their members community health centers to best serve their low-income, underserved, and diverse patients. In 2019, Kaiser Permanent paid \$150,000 (split among 15 service areas) to CPCA to:</p> <ul style="list-style-type: none"> • Provide trainings, convenings, and conferences that reflect and respond to members’ needs. • Host peer networks and add peer networks as appropriate in response to member requests. • Educate policy makers and other stakeholders about the unique and critical role that CHCs play in serving patients throughout the state as an integral part of an integrated health care delivery system. |

| Need | Summary of impact | Examples of most impactful efforts |
|------|-------------------|---|
| | | <p><u>Advocating for Orange County’s Vulnerable Patient Population~</u> The Coalition of Orange County Community Clinics (COCCC) represents a consortium of safety net providers to support them in creating quality healthcare for vulnerable, underserved communities in Orange County, California. COCCC achieves this by building capacity to engage in advocacy, technical assistance, and training. In 2019, Kaiser Permanente paid \$150,000 (split among 2 service areas) to COCCC to:</p> <ul style="list-style-type: none"> • Increased advocacy on behalf of Orange County’s community health centers and clinics to protect the gains made through the ACA and the Medi-Cal expansion. • Increased targeted marketing and communications activity aimed at member clinics, thought leaders, policymakers, and other partners in the field. • Provide health centers with technical assistance that meets their needs. <hr/> <p><u>Providing Access to Information on Alzheimer’s Disease for Latino and AA Communities in OC</u> Alzheimer’s Orange County (AlzOC) provides a robust array of programs and services to meet the individualized needs of those impacted by Alzheimer’s disease and related disorders, medically fragile seniors, and their caregivers coping with the challenges of caring for a loved one. AlzOC’s Multicultural Access program to provide access to information on Alzheimer’s Disease for Latino and AA communities in Orange County; provide access to Memory Screenings and related information; increase cultural competency of AlzOC caregiver education and support services; leverage community assets and resources to enhance capacity and broaden reach into target communities; and develop culturally competent methods to measure success. In 2019, Kaiser Permanente paid \$20,000 to Alzheimer’s Orange County to:</p> <ul style="list-style-type: none"> • Provide up to 30 education and caregiver support activities convened in Korean, Chinese, Vietnamese, and Spanish, reaching 2,000 people; an Annual Latino AD Conference reaching 400 people. • Provide 100 memory screens provided in Korean, Chinese, Vietnamese, and Spanish. • Provide up to 10 new bilingual/bicultural workshop leaders and support group facilitators to existing pool of leaders and facilitators. |

| Need | Summary of impact | Examples of most impactful efforts |
|--------------------------|---|---|
| Economic Security | <p>During 2019, Kaiser Permanente paid 6 grants, totaling \$226,250 addressing this priority health need in the Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$7,692 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 3 grants, totaling \$56,250 addressing this priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$7,692 that addresses this need.</p> | <p><u>Delivering Permanent Supportive Housing with Supportive Services in Southern California ~*</u></p> <p>Step Up on Second Street (SU) Safety Net Services in Southern California delivers compassionate support services to people experiencing serious mental health conditions and persons who are experiencing chronic homelessness. SU meets the complex needs of people experiencing homelessness in underserved areas of Los Angeles, Orange, San Bernardino and Riverside Counties at a time when the number of homeless in Southern California is increasing. In 2019, Kaiser Permanente paid \$100,000 (split among 14 service areas) to:</p> <ul style="list-style-type: none"> • Support outreach teams to provide street outreach and engagement to individuals experiencing chronic homelessness and untreated mental health conditions • Enroll individuals experiencing homelessness and mental health conditions assessed by outreach teams into Step Up Programs • Provide individuals with ongoing permanent supportive housing with supportive services such as mental health, physical health, life skills, vocational and educational opportunities <hr/> <p><u>Increasing Latino Medical School Applicants and Physician Diversity in CA ~</u></p> <p>Latino Physicians of California (LPOC) MiMentor Partnership strives to increase Latino medical school applicants and physician diversity in California. LPOC partners with MiMentor a Latino focused, pre-med/pre-health online platform to provide culturally responsive mentorship to underrepresented students in medicine. In 2019, Kaiser Permanente paid \$25,000 (split among 4 service areas) to:</p> <ul style="list-style-type: none"> • Enroll undergraduate and post-graduate students into the Medical School Ready Series curriculum • Enroll and train Physician Mentors/Coaches/Advisors to mentor medical school applicants • Provide medical school applicants with training in up-to-date application process, including unconscious bias training |

| Need | Summary of impact | Examples of most impactful efforts |
|------|-------------------|---|
| | | <p><u>Increasing Housing Options for Low-Income Working Families in OC</u></p> <p>The Kennedy Commission is working to increase new affordable housing options for extremely low-income working families in Orange County. Their advocacy and work on housing policy aims to increase the development of affordable housing options to address our housing and homelessness crisis. Their mission is to create the systemic change required to increase the production of housing affordable options to Orange County’s extremely low-income households (those making less than \$30K a year). In 2019, Kaiser Permanente paid The Kennedy Commission \$40,000 to:</p> <ul style="list-style-type: none"> • Increase effective affordable housing policies and programs. • Increase affordable housing development in Orange County. • Education about the needs and solutions to affordable housing and homelessness. • Engagement of community partners and residents on affordable housing advocacy. <hr/> <p><u>Ending Homelessness by Developing Housing</u></p> <p>HomeAid Orange County is a part of a national movement to end homelessness across the United States by connecting the resources from the homebuilding industry to develop housing for those experiencing homelessness. HomeAid Orange County is working on the pre-development phase of the Francis Xavier Residences Permanent Supportive Housing project. In 2019, Kaiser Permanente paid \$90,000 to HomeAid Orange County to:</p> <ul style="list-style-type: none"> • Maximize units developed from 12 proposed units to 17 total units that will serve up to 34 people annually. • Recruit builder captain (homebuilder) to take the lead on the development that will provide oversight and resources. • Secure all city approvals for project and confirm that it can be developed with almost no public approvals (or a ministerial approval), thus allowing an expedited process toward development. • Break ground on Francis Xavier and begin construction |

| Need | Summary of impact | Examples of most impactful efforts |
|-------------------------------------|---|--|
| Mental and Behavioral Health | <p>During 2019, Kaiser Permanente paid 3 grants, totaling \$105,000 addressing this priority health need in the Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$1,027,500 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 2 grants, totaling \$85,000 addressing this priority health need in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$1,027,500 that addresses this need.</p> | <p><u>Reducing Mental Health Stigma in Schools~*</u> The National Alliance on Mental Illness (NAMI) Orange County reduces mental health stigma and improves resilience in Orange County schools with its Mental Health Education Initiative for OC Schools Project. In 2019, Kaiser Permanente paid \$40,000 to NAMI to:</p> <ul style="list-style-type: none"> • Offer four programs in up to 15 middle/high schools: 1) Mental Health 101 2) NAMI Basics 3) Ending the Silence and 4) NAMI on Campus that focus on prevention, early intervention and stigma reduction for students. • Train new Mental Health 101 facilitators. <hr/> <p><u>Developing a Mental Health Ecosystem in Orange County~*</u> Mind OC was created to support Be Well Orange County, a public-private partnership to ensure a coordinated system to support optimal mental health and wellness for all residents of Orange County. In 2019, Kaiser Permanente paid \$2,000,000 (split among 2 service areas) to Mind OC to:</p> <ul style="list-style-type: none"> • Complete construction of a 60,000 square foot Regional Community Wellness Hub, for the co-location of mental health and substance abuse services at 265 Anita Drive, City of Orange by October 2020 • Establish a Wellness Fund to align public and private funding and execute a Capital and Programmatic Finance Plan to secure funding for construction expenditures and program services • In collaboration with the Orange County Health Care Agency, complete provider service agreements to provide triage, intake and referral, crisis stabilization and residential services for 3,618 patients and 14,470 residential treatment patient days |

| Need | Summary of impact | Examples of most impactful efforts |
|--|---|---|
| | | <p><u>Improving Mental Health Access for Active Military and US Veterans and their Families</u></p> <p>Strength in Support is reducing the stigma, educating the community and providing behavioral health services for active military, US Veterans and their families through our holistic approach to mental health. Strength in Support is providing counseling, vet to vet mentorship, engaging our community partners, connecting our community through outreach, and improving our workforce and organization. In 2019, Kaiser Permanente paid \$80,000 to Strength in Support to:</p> <ul style="list-style-type: none"> • Improve Access to Mental Health Care for Military and Veteran Communities (Including Substance Abuse) • Improve and Build Community Mental Health for Active Military, Veterans and Their Families • Improve Connection to Behavioral Health Care in Community Settings |
| <p>Obesity / HEAL/ Diabetes</p> | <p>During 2019, Kaiser Permanente paid 3 grants, totaling \$71,667 addressing this priority health need in the Anaheim service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$60,000 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 2 grants, totaling \$26,667 addressing this priority health need</p> | <p><u>Building Capacity to Advance Healthy Communities and Reduce Health Disparities~*</u></p> <p>Public Health Institute (PHI) generates and promotes research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. This grant provides essential capacity building support for Public Health Alliance staff and members of local health departments to strengthen operations, strengthen multi-sector partnerships, improve effectiveness as an organization and advance healthy communities while aiming to reduce health disparities. In 2019, Kaiser Permanente paid \$150,000 (split among 15 service areas) to Public Health Institute to:</p> <ul style="list-style-type: none"> • Develop a strategic plan to assess, strengthen and evaluate Public Health Alliance operations and successfully implement five actions from the plan. • Strengthen existing and create new strategic partnerships by facilitating 30 multi-sector priority initiative meetings with a variety of partners. • Develop a comprehensive communications plan and a diversified fund development plan. |

| Need | Summary of impact | Examples of most impactful efforts |
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| | <p>in the Irvine service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$10,000 that addresses this need.</p> | <p><u>Influencing Policies and Funding for Safe Routes to School and Active Transportation~</u> Safe Routes to School National Partnership (National Partnership) advances safe walking and biking to and from schools, improves the health and wellbeing for kids of all races, income levels and abilities and seeks to foster the creation of healthy, sustainable communities for everyone. In 2019, Kaiser Permanente paid \$100,000 (split among 15 service areas) to the National Partnership to:</p> <ul style="list-style-type: none"> • Influence new policies and funding for active transportation and Safe Routes to School programs to increase physical activity and reduce safety risks for people walking and biking. • Provide technical assistance to 10 low income communities in 3 counties to support grant applications for state or other funding sources for biking and walking. |
| | | <p><u>Empowering Parents to be Leaders in School Wellness*</u> Kid Healthy engages families from socio-economic disadvantaged neighborhoods through culturally appropriate leadership programs that measurably improve health and wellness. As part of the HEAL sustainability efforts, Kid Healthy will focus on implementing Padres en Acción. This parent-led, health and wellness program empower parents to be leaders in school wellness policies, advocacy, peer to peer health education and leadership development, as well as provide increased physical activity through parent-led active recess three days per week. In 2019, Kaiser Permanente paid \$50,000 to Kid Healthy to:</p> <ul style="list-style-type: none"> • Further develop leadership skills in health and physical activity for parents at Edison, Lincoln and Sunkist Elementary Schools through monthly peer to peer health education meetings and parent leader trainings. • Increase reach for Padres en Acción by adding three new schools to the program in Anaheim and transition existing HEAL schools into a fee for service model. |

| Need | Summary of impact | Examples of most impactful efforts |
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| | | <p data-bbox="779 224 1192 248"><u>Increasing Activity in Schools</u></p> <p data-bbox="779 256 1850 456">The 100 Mile Club's distinctive method to increasing activity in schools is taking a unique approach to reversing the childhood obesity epidemic among school age children with their school-based program to run or walk 100 miles during a single school year. Students log miles during designated running times and our Signature Incentives Package reinforces and motivates along the way. In 2019, Kaiser Permanente paid \$20,000 to:</p> <ul data-bbox="827 464 1780 594" style="list-style-type: none">• Increase regular physical activity at schools.• Increase classroom focus and engagement while decreasing negative behaviors.• Increase family involvement. |

VII. Description of Community Health Needs KFH-Anaheim and Irvine Will Address in 2020-2022

The KFH-Anaheim and Irvine 2019 Community Health Needs Assessment (CHNA) is available at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs the hospital would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Anaheim and Irvine are addressing in the 2020-2022 three-year cycle:

Access to Healthcare. Access to comprehensive quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care can dramatically impact people's health outcomes. Health insurance is one of many mechanisms that enable people to access necessary care. In Orange County, only 80% of residents aged 18-64 are insured. During the community engagement process, residents also identified transportation, long wait times, cost, and difficulty navigating the healthcare system as barriers to accessing care. This health need was selected to be addressed in the Implementation Strategy because poor access to care, particularly preventative care, can negatively impact resident health and hospital operation; for instance, poor access to preventative care contributes to high Emergency Room Utilization and higher rates of chronic diseases if left untreated.

Economic Security. Economic insecurity exists in both the Anaheim and Irvine service areas. Secondary data indicates that the experience of economic insecurity impacts health needs locally, including poor mental health, obesity, diabetes, stroke, and cancer. In the Anaheim service area for example, on average, 15% of the population lives below the poverty level. Some subgroups in the service area, such as Latinos, experience higher levels of poverty (20%). This health need was selected to be addressed in the Implementation Strategy because community engagement revealed that the lack of economic security impacts resident's lives in various ways. The lack of affordable, quality housing in Orange County was cited in nearly every interview and focus group engagement during the Community Health Needs Assessment.

Mental Health. Mental health is an important component of a person's overall health and well-being. According to secondary data, poor mental health can result in a 61% reduction in life expectancy if left untreated. In the Irvine service area, white residents report having 3-4 poor mental health days a month. This health need was selected to be addressed in the Implementation Strategy because of the extensive level of work already being conducted around this issue in the service area in addition to the level of concern expressed by residents through the Community Health Needs Assessment. Through the community engagement process, residents indicated that youth and young adults are turning to substances like marijuana, vaping, and misuse of prescription drugs as a coping mechanism to address daily stressors. Additionally, Resident surveys collected through the engagement process indicated that 64% were concerned about mental health and throughout engagements residents reported experiencing a number of barriers to accessing mental health care including stigma, language, insufficient providers and inpatient services, and cost.