



LOS ANGELES

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)-Los Angeles

Table of Contents

- I. Introduction and Background**
 - a. About Kaiser Permanente
 - b. About Kaiser Permanente Community Health
 - c. Purpose of the Report

- II. Overview of Community Benefit Programs Provided**
 - a. California Kaiser Foundation Hospitals Community Benefit Financial Contribution – Tables A and B
 - b. Medical Care Services for Vulnerable Populations
 - c. Other Benefits for Vulnerable Populations
 - d. Benefits for the Broader Community
 - e. Health Research, Education, and Training Programs

- III. KFH-Los Angeles Community Served**
 - a. Kaiser Permanente’s Definition of Community Served
 - b. Map and Description of Community Served
 - c. Demographic Profile of the Community Served

- IV. KFH-Los Angeles Community Health Needs in 2017-2019**
 - a. Health Needs Addressed
 - b. Health Needs Not Addressed and Rationale

- V. 2017-2019 Strategies to Address Health Needs**
 - a. Access to Care
 - b. Economic Security
 - c. Mental and Behavioral Health
 - d. Obesity/HEAL/Diabetes

- VI. 2019 Year-End Results for KFH-Angeles**
 - a. 2019 Community Benefit Programs Financial Resources Provided by KFH-Angeles– Table C
 - b. 2019 Examples of KFH-Angeles Grants and Programs Addressing Selected Health Needs

- VII. Community Health Needs KFH-Angeles Will Address in 2020-2022**

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-Los Angeles Community Served

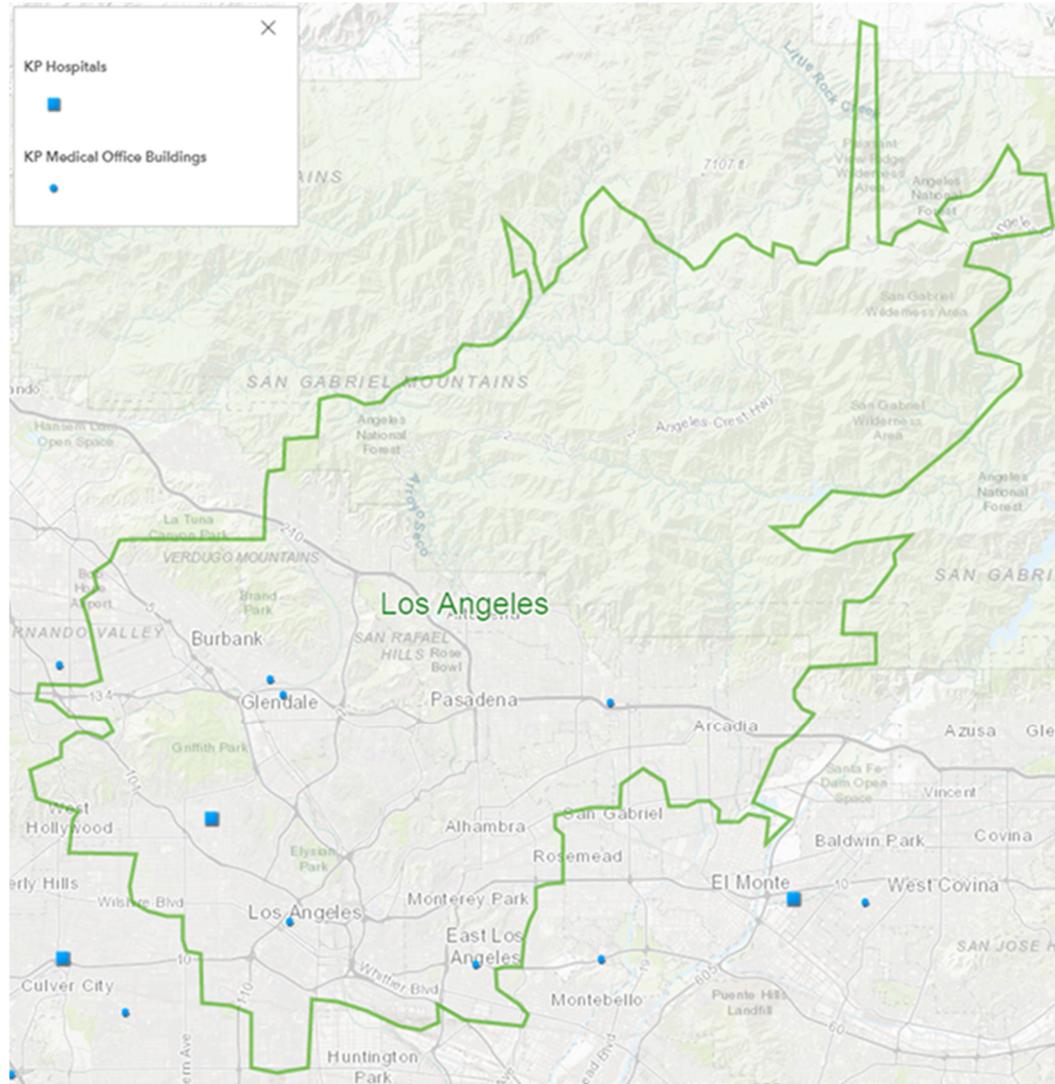
A. Kaiser Permanente's Definition of Community Served

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

B. Map and Description of Community Served

The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La Cañada Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, Montecito Heights, and Silverlake.

KFH-Los Angeles Service Area Map



C. Demographic Profile of the Community Served

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

Race/Ethnicity		Socioeconomic	
Total Population	2,191,551	Living in Poverty (<100% Federal Poverty Level)	20.3%
Asian/Pacific Islander	20.17%	Children in Poverty	26.3%
Black	4.06%	Unemployment	5.1%
Hispanic/Latino	47.58%	Uninsured Population	15.6%
Native American/Alaska Native	0.15%	Adults with No High School Diploma	24.9%
Some Other Race	0.22%		
Multiple Races	2.14%		
White	25.67%		

IV. KFH-Los Angeles Community Health Needs

The following are the health needs that KFH-Los Angeles 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

a. Access to Care

Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Health care access is a key requirement for early detection of illnesses, chronic disease management and reduction of Emergency Room usage. Access to affordable, quality health care is a key driver to health improvement and disease prevention. Access to care was rated by the community as the third highest health need in the service area. In the KFH – Los Angeles service area, 30% of the population has Medi-Cal coverage. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% with health insurance. However, because this was before the full implementation of the Affordable Care Act and the insurance coverage expansion, the percent of residents who are currently uninsured may be lower as a result of Medi-Cal expansion and the availability of health care coverage. A number of barriers remain, including affordability, transportation, navigating the system, and accessibility to appointments in a timely manner. Access to care remains limited for non-resident immigrants who are not covered by the ACA. Community stakeholders also identified barriers to accessing care experienced by the homeless, students and seniors.

b. Mental and Behavioral Health

Mental 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 is able to 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 illness is a common cause of disability and untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. As a result of community input, mental health was rated the top priority health need. We heard from the community that mental health issues are affecting people at work, school and on the job. Access to mental health care services is a concern in the service area, as there are not enough providers to meet the needs. There are a number of vulnerable populations who suffer from mental health problems and the lack of resources, including the undocumented, seniors, the homeless and LGBT populations. For the most part, the homeless persons in the KFH – Los Angeles service area are adult males with significant comorbidities. They are frequent utilizers of health and social services and, as a result of mental and behavioral health issues, are known to disrupt community safety. Rates of mental illness among the homeless population are also increasing.

c. Obesity/HEAL/Diabetes

Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. There are high rates of overweight and obesity among adults and teens in the service area. This may have an impact on the high rates

of chronic diseases identified in the service area. In the KFH – Los Angeles service area, Blacks/African Americans and Latinos/Hispanics have higher rates of overweight and obesity, while Asians have lower rates. Overweight/obesity was rated the second highest health need by the community. The community identified that being overweight contributes to diabetes, cardiovascular disease and cancer. Therefore, addressing overweight as a causative factor for many other conditions will contribute to reducing disease and disability. Diabetes is the fifth leading cause of death in Los Angeles County. In SPA 3, 10.6% of adults and in SPA 6, 14.7% of adults have been diagnosed with pre-diabetes. This is higher than county (8.8%) and state (10.5%) rates. Rates of diabetes are higher among adults in SPAs 3, 4 and 6 than found in the county and the state. In SPA 4, only 23.3% of adults with diabetes are very confident they can control their diabetes. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. The diabetes hospitalization rate in the service area is 9.0 per 10,000 population.

d. HIV/AIDS/STIs

STIs continue to be a major public health problem. The community ranked STIs as the fifth highest priority in the service area. STIs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STI prevention is an essential primary care strategy for improving reproductive health. All STI rates in Los Angeles and South Los Angeles are higher than the county rates. While HIV/AIDS rates are decreasing, SPA 4 and SPA 6 are experiencing higher than county rates. HIV/AIDS is also present in higher proportions of the homeless population. In SPA 4, 3.2% of the homeless population has been diagnosed with HIV/AIDS. Community input from interviews and focus groups identified the stigma associated with being diagnosed with HIV/AIDS. Persons who tend to have higher rates of STIs in the KFH – Los Angeles service area, include young adults, persons of color, homeless youth, sex trade workers, and substance abusers. For those with sexually transmitted diseases, drug use is often a factor. The community input noted that people may not know they have an STI or HIV so it is not treated and is spread to sexual partners.

B. Health Needs Not Addressed

The health needs that KFH–Los Angeles does not intend to directly address are: asthma, cancer, cardiovascular disease, community safety and oral health. Using the defined criteria listed in Section VIII of the 2016 IS Report available at <https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2013/10/KFH-Los-Angeles-IS-Report.pdf> , a majority of these needs were deemed to be of relatively lower need. Additionally, existing community resources were also considered, and KFH – Los Angeles will focus on health needs that can be most effectively addressed given the assets available. The core planning team was involved in this process and these needs were deemed to have lower magnitude and severity ratings. Finally, during the CHNA process, community members ranked health needs, and asthma, cancer, safety, cardiovascular disease, and oral health were in the bottom half of the final list of prioritized health needs. Existing resources and established organizations in the community are available to address asthma, cancer, and cardiovascular disease. For safety and violence prevention, KFH – Los Angeles is committed to identifying ways to improve these areas. This need will also be focused on through the lens of mental and behavioral health, as these are drivers related to safety and violence. 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–Los Angeles will look for collaboration opportunities that address the needs not selected where it can appropriately contribute to addressing those needs, or where those 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>.

Access to Care

KFH–Los Angeles’ 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):

- Enhance individuals’ utilization of the community-based health delivery system.
- Improve the capacity of health care systems to provide quality health care services, including the social and non-medical needs of their patients.
- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved;
- Build the capacity of the primary care workforce and improve appropriate utilization of health care services.

Obesity/HEAL/Diabetes

KFH–Los Angeles’ long-term goal for addressing obesity/HEAL/diabetes is that all community members All community members eat healthy and move more as 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.
- Support programs that improve referral of patients to evidenced-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Support multi-level, multi component initiatives in school settings to produce significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage Kaiser Permanente assets to drive community health, including healthy eating and active living and champion organizational practice changes within Kaiser Permanente that promote health.

Mental and Behavioral Health

KFH–Los Angeles’ long-term goal for addressing 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 priority (or intermediate goal):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Support place-based and multi-sector collaborative efforts that support mental health and behavioral health. → Support integration of health care with community-based mental health services.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.
- Leverage Kaiser Permanente assets to drive community health and champion organizational practice changes within Kaiser Permanente that promote mental and behavioral health.

Sexually Transmitted Infections

KFH–Los Angeles’ long-term goal for addressing sexually transmitted diseases is to improve health and quality of life through prevention, detection, and treatment of STIs and the associated risk factors. It aims to visualize this goal by organizing its’ strategies around the following strategic priority (or intermediate goal):

- Improve patient access to STI/HIV preventive services including affordable medications and behavioral counseling and support. These priorities have guided the development of the following core strategy to address sexually transmitted infections in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.
- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for STI/HIV management and prevention.
- Support the provision of high-quality health care including preventive services and specialty care for underserved populations.

VI. 2019 Year-End Results for KFH-Los Angeles

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-Los Angeles

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

Table C: KFH-Los Angeles 2019 Year-End Community Benefit Expenditures

	2019 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$18,745,903
Charity care: Charitable Health Coverage Programs ²	\$37,870
Charity care: Medical Financial Assistance Program ³	\$11,594,337
Grants and donations for medical services ⁴	\$3,388,419
Subtotal	\$33,766,529
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$183,884
Grants and donations for community-based programs ⁷	\$5,681,325
Community Benefit administration and operations ⁸	\$756,250
Subtotal	\$6,621,459
Benefits for the Broader Community	
Community health education and promotion programs	\$81,397
Kaiser Permanente Educational Theatre ⁹	\$800,295
Community Giving Campaign administrative expenses	\$7,091
Grants and donations for the broader community ¹⁰	\$18,244
National board of directors fund	\$21,678
Subtotal	\$928,705
Health Research, Education and Training	
Graduate Medical Education	\$16,236,932
Non-MD provider education and training programs ¹¹	\$1,187,477
Grants and donations for health research, education, and training ¹²	\$21,622
Health research	\$624,293
Subtotal	\$18,070,324
Total Community Benefits Provided	\$59,387,017

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-Los Angeles Activities Addressing Selected Health Needs

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

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

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

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Los Angeles service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2019 (Tables B and C).

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

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2019, Educational Theater provided 68 events in 44 schools in the KFH-Los Angeles communities, reaching 19,302 youth and 708 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	During 2019, Kaiser Permanente paid 11 grants, totaling \$189,437 addressing this priority health need	<p><u>Providing Affordable Healthcare</u></p> <p>In 2019, KFH-Los Angeles provided \$18,745,903 in medical care services to 26,568 Medi-Cal recipients (both health plan members and non-members) and \$11,594,337 in medical financial assistance (MFA) for 12,924 beneficiaries.</p>

Need	Summary of impact	Examples of most impactful efforts
	<p>in the Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 6 grants, totaling \$415,992 that addresses this need.</p>	<p><u>Enhancing Critical Medical and Housing Services to Homeless Individuals*</u> LA Christian Health Centers (LACHC) is a faith-based organization that provides through comprehensive, quality healthcare. LACHC serves homeless and low-income individuals in Los Angeles' Skid Row. In 2019, Kaiser Permanent paid \$250,000 to LACHC to:</p> <ul style="list-style-type: none"> • Complete the construction of a 25,000 square foot comprehensive health center facility to become operational by January 2020 • Increase the number of patients served and number of medical visits by 25% in the first year of operations • Increase social work and/or care coordination visits from 3,063 to 3,980 (30% increase) by the end the first year of operations <hr/> <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. <hr/> <p><u>Promoting Expansion of Quality Comprehensive Care for Los Angeles' Underserved Population~*</u> The Community Clinic Association of Los Angeles County (CCALAC) advocates for expanding access to quality comprehensive health care for medically underserved people in LA County by strengthen their policy and quality improvement efforts, while incorporating social determinants of health frameworks. In 2019, Kaiser Permanent paid \$225,000 (split among 7 service areas) to CCALAC to:</p> <ul style="list-style-type: none"> • Deepen CCALAC's policy and advocacy education activities, particularly in the areas of program preservation, immigration, and women's health. • Raise awareness of the impact of key policy issues on clinics and the communities they serve to key political figures. • Strengthen and expand quality improvement activities and build capacity across CCALAC's clinically focused groups (i.e. Clinical Advisory Group, Nursing and Clinical Support, Quality Improvement, Behavioral Health, and Dental Roundtables).

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Supporting Healthcare and Care Coordination for the Homeless in the Greater Hollywood Area</u></p> <p>Through its Vermont Clinic and Homeless Annex, JWCH/Wesley Health Center collaborates with various Hollywood homeless community partners to provide comprehensive in-reach management services, comprehensive transitional housing and healthcare services to the un-housed community in the Hollywood area. In 2019, Kaiser Permanente paid \$30,000 to JWCH/Wesley Health Center to:</p> <ul style="list-style-type: none"> • Link 75 referred homeless patients into JWCH/Wesley Health Center as their medical home • In-reach case management services homeless individuals through street outreach, community health fairs and/or referrals from partner agencies who offer comprehensive homeless services • Full primary medical care services, including benefits enrollment, case management, dental and vision care • Screening of all homeless individuals linked to JWCH/Wesley Health Center Vermont location for mental and behavioral health and refer as appropriate to county and local community providers. <hr/> <p><u>Increasing Access to Dental Care to Low Income Children in the Greater Los Angeles Area</u></p> <p>Kids' Community Dental Clinic (KCDC) of Burbank provides free and low-cost dental education, prevention and treatment to low income children. They serve low income children within the communities of Burbank, Glendale, Silverlake, Boyle Heights, Hollywood, and Atwater Village. In 2019, Kaiser Permanente paid \$30,000 to KCDC to:</p> <ul style="list-style-type: none"> • Teach 2,730 children at their schools about dental hygiene to prevent tooth decay and screen for those with lack of dental coverage and rampant decay with care and treatment free of charge. • Age appropriate dental hygiene and training to increase oral health literacy and prevention. • Dental screening for low income children without dental coverage who are suffering with tooth decay and provide them with short-term and long-term treatment free of charge. • Provide fluoride varnish to low income children to prevent tooth decay.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	<p>During 2019, Kaiser Permanente paid 8 grants, totaling \$185,714 addressing this priority health need in the Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$85,000 that addresses this need.</p>	<p><u>Improving Services for Human Trafficking Survivors~</u> The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combing social, medical, and legal service with leadership and advocacy. In 2019, Kaiser Permanente paid \$75,000 (split among 7 service areas) to CAST to:</p> <ul style="list-style-type: none"> • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims. <hr/> <p><u>Reducing Mental Health Stigma and Improving Resiliency*</u> The Coalition for Human Immigrant Rights of Los Angeles (CHIRLA) Mental Health & Resilience Project reduces mental health stigma and improves resilience in low-income immigrant communities by providing culturally competent mental health training. In 2019, Kaiser Permanente paid \$40,000 to CHIRLA to:</p> <ul style="list-style-type: none"> • Conduct one-on-one consultations with immigrant families to reduce stigma about mental health and improve resiliency. • Train 83 staff in four culturally competent trainings. • Conduct two Mental Health trainings to 300 CHIRLA members including high school and college youth. <hr/> <p><u>Strengthening the Southern California Group Home Provider Collaborative~*</u> Hathaway-Sycamores Child and Family Services' project, Southern California Collaborative Phase 2, provides training for group home foster care providers in Southern California so that they can become certified as Short Term Residential Therapeutic Programs (STRTPs). In 2019, Kaiser Permanente paid \$150,000 (split among 6 service areas) to Hathaway Sycamores to:</p> <ul style="list-style-type: none"> • Conduct five in-person and nine webinar trainings to prepare Southern California group home providers to successfully implement STRTPs to meet Continuum of Care Reform requirements • Provide individualized one-on-one technical support to group home providers to ensure training attendees maximize their learning from each training topic • Facilitate a Southern California Child Welfare conference to provide networking opportunities and on-site technical support for 150 attendees

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Increasing Access to Mental Health to Los Angeles' Homeless Youth</u> Covenant House California provides mental health care and case management services to youth experiencing homelessness or are being trafficked. In 2019, Kaiser Permanente paid \$30,000 to Covenant House to:</p> <ul style="list-style-type: none"> • Provide clinical mental health and case management services to 300 homeless youth in need of treatment through therapy and medication. • Provide homeless youth residents with stable supportive housing, nutritious food, clean clothing and trauma-informed, harm-reduction services to help the impacted youth build trusting relationships with peers and adults. • Full physical exam and mental health assessment to identify appropriate care and case management. • Provide psychiatric therapy, medication management, and individual and group counseling to impacted youth to decrease negative behaviors resulting from trauma. <p><u>Increasing Violence Prevention and Self-Empowerment Services to Young Women</u> The Glendale YWCA's Camp Rosie provides primary prevention training to increase knowledge of negative attitudes, beliefs and behaviors associated with teen dating violence and to promote positive skills, attitudes, beliefs and behaviors that support protective factors, healthy relationships and self-empowerment for at risk teen girls and young women living in the greater Glendale area. In 2019, Kaiser Permanente paid \$25,000 to Glendale YWCA's Camp Rosie to:</p> <ul style="list-style-type: none"> • Measure participants' knowledge of the types of dating abuse and signs of unhealthy relationships. • Provide workshops to build self-esteem and ways to assist friends at-risk of abuse, anger management, and dispel myths and misconception about teen dating abuse.
<p>Obesity/ HEAL/ Diabetes</p>	<p>During 2019, Kaiser Permanente paid 12 grants, totaling \$159,782 addressing this priority health need in the Los Angeles service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 13</p>	<p><u>Working to End Hunger for the Food Insecure~</u> Hunger Action Los Angeles (HALA) helps low-income people in Los Angeles County access healthy and affordable produce and involves them in policy advocacy to end hunger. In 2019, Kaiser Permanente paid HALA \$37,500 (split among 9 service areas) to HALA to:</p> <ul style="list-style-type: none"> • Educate and advocate for anti-hunger legislation by training 75 grassroots low-income anti-hunger advocates on public policy for participation in Hunger Action Day. • Maintain Market Match participation in 24 farmers' markets. • Improve HALA's organizational capacity to strengthen its work in low-income communities by implementing strategic planning activities.

Need	Summary of impact	Examples of most impactful efforts
	<p>grants, totaling \$390,518 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. <hr/> <p><u>Building Capacity to Advance Healthy Communities and Reduce Health Disparities</u>*~ 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
		<p><u>Helping Schools Implement Healthy Eating and Active Living Policies~</u> The Alliance for a Healthier Generation (HG) works with schools, companies, community organizations, healthcare professionals and families to build healthier environments where children can thrive. Using a six-step continuous improvement process, HG supports schools with implementing policies and practices that make healthier foods, beverages and physical activity accessible for students and staff. In 2019, Kaiser Permanente paid \$273,742 to HG (split among 7 service areas) to:</p> <ul style="list-style-type: none"> • Recruit 115 new schools to on-site Healthy Schools Program offerings, reaching approximately 73,000 students and 5,700 staff. • Build capacities of staff to implement and sustain policies and practices in the areas of physical activity, nutrition, and/or staff wellness through provision of trainings, technical assistance, and professional development sessions. • Support schools to make or sustain nutrition and physical activity-related policy, program, and system improvements, leading to increased consumption of nutritious foods, increased participation in federal child nutrition programs and increased physical activity levels of students. <hr/> <p><u>Supporting Safe, Healthy Play in Elementary Schools~</u> Playworks Education Energized (Playworks) aims to improve the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play. Focused primarily on recess, they help schools and districts re-design recess through on-site staffing, consultative support, professional development and free resources. In 2019, Kaiser Permanente paid \$95,000 (split among 10 service areas) to Playworks to:</p> <ul style="list-style-type: none"> • Provide 15 full-day professional development workshops for 300 teachers, staff and recess aides across 101 schools. • Provide 5 two-day advanced Recess Implementation trainings to 74 schools impacting 48,000 children. <hr/> <p><u>Reducing Malnutrition to Low Income Individuals with Serious Chronic Illnesses</u> Project Angel Food prepares and delivers healthy meals to poor and low-income individuals impacted by serious illness and providing them with nutritional counseling and social comfort. In 2019, Kaiser Permanente paid \$20,000 to Project Angel Food to:</p> <ul style="list-style-type: none"> • Prepare and deliver 185,000 medically tailored meals directly to 650 clients living with life-threatening illnesses. • Provide nutritional counseling for up to 250 new clients enrolled in Project Angel Food's programs and services. • Through registered dietitians' clients will be tracked and monitored to ensure the medically tailored meals are having a positive change in the clients health and well-being.

Need	Summary of impact	Examples of most impactful efforts
HIV/ AIDS/ STIs	During 2019, Kaiser Permanente paid 6 grants, totaling \$139,643 addressing this priority health need in the Los Angeles service area.	<p><u>Advancing Reproductive Health for All~</u> Essential Access Health (EAH) champions and promotes quality sexual and reproductive health care for all. EAH provides clinic support initiatives, advanced clinical research, provider training, patient education, advocacy and consumer awareness. In 2019, Kaiser Permanent paid \$225,000 (split among 15 service areas) to EAHS to:</p> <ul style="list-style-type: none"> • Enhance organizational capacity within EAH and across Title X network by developing a staffing and training plan, implementing a new staffing model and implementing an improvement training plan • Provide Title X health centers with technical assistance on how to make data driven improvements (e.g. assist health centers to plan, implement, and evaluate QI strategies) • Provide intensive technical assistance to at least 5 health centers that will address clinical, workflow, financial/billing, and systems/Electronic Health Record gaps and needs. <p><u>Optimizing Health for Asian Pacific Islanders at Risk for HIV and STI's</u> The Asian Pacific AIDS Intervention Team (APAIT) provides Asian Pacific Islanders and other medically underserved communities living at risk/with HIV/AIDS and health disparities by advocating and educating to achieve optimal health and well-being. In 2019, Kaiser Permanente paid \$30,000 to APAIT to:</p> <ul style="list-style-type: none"> • Providing at least 185 Asian Pacific Islanders living in the Metropolitan Los Angeles area with STI and HIV testing through its Mind, Body, Spirit and Wellness Program. • Identifying at least 4 newly diagnosed HIV positive and 10 STI positive individuals through APAIT's Mobile Testing Unit and ensure they are all linked to HIV/STI care and treatment within 90 days of diagnosis. • Referring at least 80 Asian Pacific Islanders at risk for HIV/STI to behavioral health services to increase knowledge of healthy behaviors and decrease the level of stigma associated with testing and treatment of HIV/STI among the Asian Pacific Islander community.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="747 212 2009 277"><u>Increasing HIV Testing and Treatment Among Gay, Bisexual and Queer Latinx and African American/Black Men</u></p> <p data-bbox="747 282 2009 532">The Wall/Las Memorias (TWLMP) serves Latino, LGBT and other underserved populations through advocacy, education, and leadership development. Through the "Status Update – Drag LA" advocacy training and HIV/STIs testing program, TWLMP utilizes Drag Queens, referred to as "Drag Mothers", as social influencers to recruit gay, bisexual and queer Latino and African American/Black men. Drag Mothers will recruit and train 10 community leaders to recruit within their existing networks and connect participants to HIV/STIs testing as well as peer-to-peer support members of the target population. In 2019, Kaiser Permanente paid \$30,000 to TWLMP to:</p> <ul data-bbox="747 537 2009 773" style="list-style-type: none"> <li data-bbox="747 537 2009 602">• Contract a "Drag Mother" Program Ambassador to recruit and train 10 Drag community leaders who will engage 60 individuals to testing and peer support services. <li data-bbox="747 607 2009 672">• Outreach to 10,000 target individuals using a social awareness campaign through in-person and online promotion of the Drag LA testing and treatment program. <li data-bbox="747 677 2009 742">• Host bi-weekly support groups and provide HIV testing and linkages to treatment services to all participants. <li data-bbox="747 747 2009 773">• Provide a monthly "spotlight" stories to showcase participants' success stories.

VII. Description of Community Health Needs KFH-Los Angeles Will Address in 2020-2022

The KFH-Los Angeles 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-Los Angeles is addressing in the 2020-2022 three-year cycle:

The following health needs were identified as those that KFH-Los Angeles will address in the Implementation Strategy:

- Access to care
- Mental and behavioral health
- Economic opportunity
 - Education and Employment¹
 - Housing insecurity
 - Food insecurity
- HIV/AIDS

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

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

Economic Opportunity

- **Education and Employment.** Lack of economic security due to low and stagnant wages and difficulty obtaining employment due to lack of educational, language or immigration status qualifications is a dominant concern for a large proportion of residents of the service area. Without access to education and reliable employment that pays a living wage, economic security, housing security, food security, good mental and good physical health are difficult to achieve. Over 1 in 5 service area residents are living below the federal poverty line in the KFH-Los Angeles service area; Moreover, poverty disproportionately impacts Blacks and Latinos: they are

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

- **Housing insecurity.** Unstable housing threatens social, physical, mental and emotional wellbeing. Our community engagements indicated that housing insecurity is growing as gentrification and rising real estate values—combined with stagnant wages experienced by many middle and low-income earners—continue to fuel the displacement of long-time Latino and Black communities throughout the service area. Many residents of the service area are vulnerable to housing insecurity because of an imbalance of wages and housing costs: 50.2% of residents spend more than 30% of their income on housing. However, this vulnerability to displacement is exacerbated by the social patterning of home ownership in the region. In Los Angeles County, many more people rent than own, but the pattern of homeownership is disproportionately distributed across races. People of color are more vulnerable to losing their homes than Whites because they are far less likely to be homeowners: 2 out of 3 households headed by a White adult is owned, not rented, compared to only 1 out of 3 homes headed by a Black adult. Housing insecurity has been combined with education and employment and food insecurity to create a health need called Economic Opportunity (see above).
- **Food insecurity.** Our community engagements revealed that lack of affordable and accessible healthy food options prevents low-income residents from eating well and taking care of their health. The high cost of affordable healthy food is a key factor in explaining why many low-income residents dealing with increasing housing costs rely on poorer quality foods or miss meals. The issue of food insecurity affects a large population in the service area: over 1 in 7 adults experienced food insecurity in the last year. The issue disproportionately impacts people of color. For example, 1 in 6 Latino households in the KFH-Los Angeles service area receive SNAP benefits compared to only 1 in 22 White households. Food insecurity has been combined with education and employment and housing insecurity to create a health need called Economic Opportunity (see above).

HIV/AIDS/STIs. STIs greatly reduce life expectancy and are uncommonly prevalent in the LAMC service area. An STD/HIV/AIDS diagnosis is associated with a 58.2% reduction in length of life per year. STIs disproportionately impact people of color. In 2017, in Pasadena, 10-year average death rate due to HIV was twice as high for Black males than for White males. Our community engagements revealed that an HIV/AIDS diagnosis may lead to loss of employment and housing, particularly for people of color, and underlies chronic poor mental and physical health for many service area residents. HIV/AIDS/STIs has been chosen as a health need to be addressed in the Implementation Strategy because KFH-Los Angeles has a long history of investing in this health need which is particularly salient to the medical center service area, and because the service area is once again experiencing an uptick in incidence of HIV/STIs. There is growing recognition that until issues of structural exclusion of and bias against vulnerable populations, particularly people of color and LGBTQ identity are addressed, inequities in health outcomes will persist. Our community engagements revealed many opportunities for to adopt practices and policies that counter structural inequities to support and promote equity to improve the health and well-being of underserved populations. While structural exclusion has not been selected as a direct priority health need per se, many of the interventions included in the implementation strategy tables below have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion.