



SAN DIEGO

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)-San Diego/Zion

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I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 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-San Diego and Zion Community Served

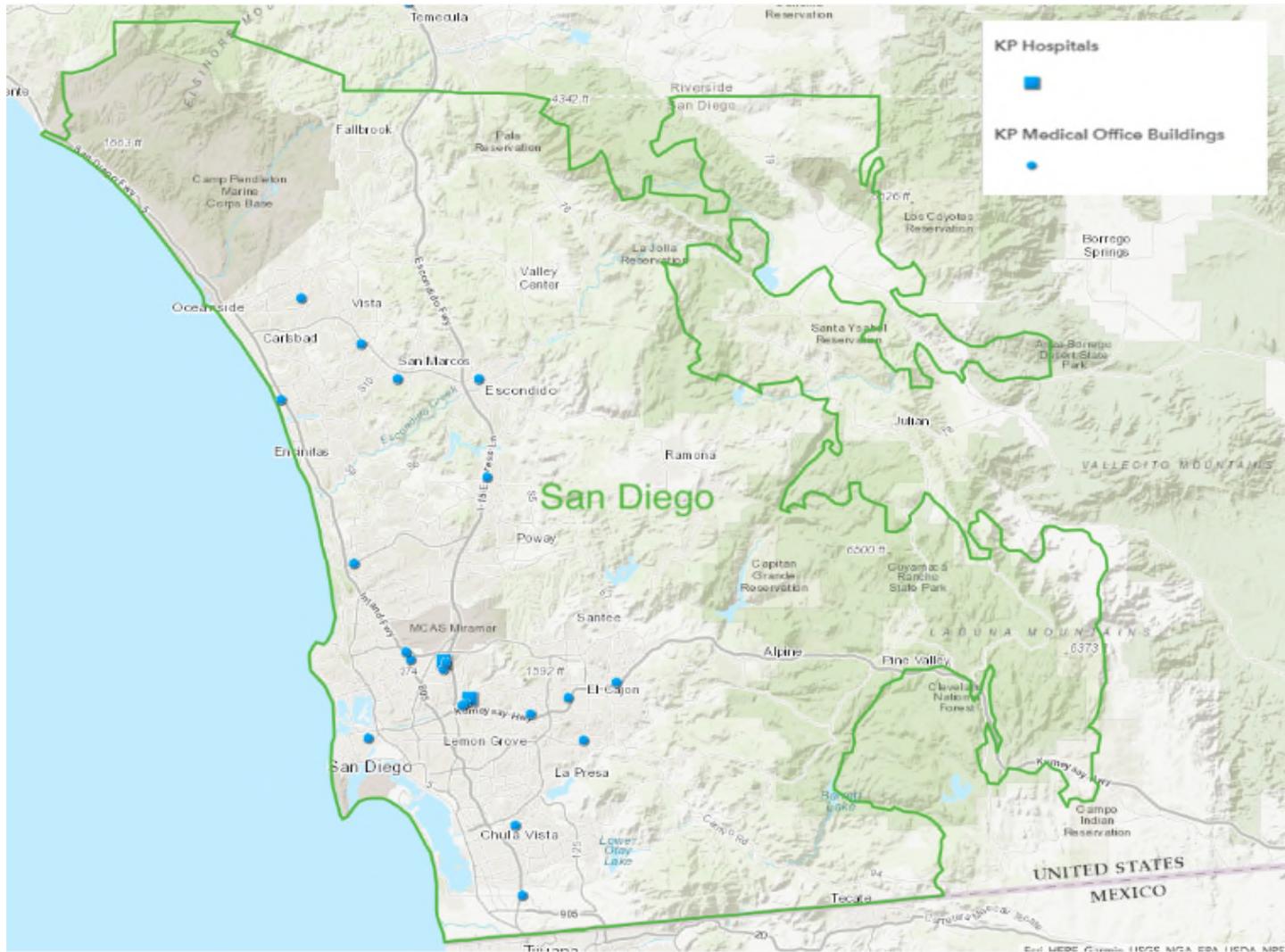
A. Kaiser Permanente's Definition of Community Served

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

B. Map and Description of Community Served

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

KFH-San Diego and Zion Service Area Map



C. Demographic Profile of the Community Served

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

Race/Ethnicity		Socioeconomic	
Total Population	3,327,930	Living in Poverty (<100% Federal Poverty Level)	13.4%
Asian/Pacific Islander	12.21%	Children in Poverty	16.1%
Black	4.68%	Unemployment	3.4%
Hispanic/Latino	34.21%	Uninsured Population	10.3%
Native American/Alaska Native	0.41%	Adults with No High School Diploma	14.0%
Some Other Race	0.20%		
Multiple Races	3.50%		
White	44.79%		

IV. KFH-San Diego and Zion Community Health Needs

The following are the health needs that KFH-San Diego and Zion is addressing during the 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 Care is defined as access to high-quality, affordable, holistic, and culturally specific care. While access to health insurance has increased because of expanded coverage under ACA, there are still barriers to accessing affordable and timely care. Difficulty navigating the complex systems, lack of holistic health care providers including mental health providers, and a need for more culturally specific care are often cited as issues. According to the 2014 California Health Interview Survey, approximately 15.0% of San Diego adults compared to 15.9% in California self-reported that there was ever 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. This indicator is a measure of general access to care.

b. CVD/Stroke

The World Health Organization defines cardiovascular disease (CVD) as a group of disorders of the heart and blood vessels that include coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism. CVD is among the top 5 most important health problems in Central, North Central, and Southern regions of San Diego County. 'Diseases of the heart' were the second leading cause of death in the region in 2012. In addition, 'Cerebrovascular Diseases' were the fifth leading cause of death, and 'Essential (primary) hypertension and hypertensive renal disease' was the tenth. The 2011-2012 California Health Interview Survey estimates 5.8% of the adult population in San Diego County have been told by a doctor that they have coronary heart disease or angina. Mortality rates for ischemic heart disease and stroke were particularly high for African Americans (211.9 and 60.02 per 100,000 population) and Native Hawaiian/Pacific Islanders (241.4 and 47.0 per 100,000 population) in San Diego County. Unmanaged high blood pressure is also a problem in San Diego. According to the 2006-2010 BRFSS, 31.3% of adults reported that they are not taking medication for their high blood pressure.

c. Mental and Behavioral Health

Mental Health is a state of well-being in which an individual can realize their potential, can cope with normal stresses of life, and is able to contribute to their community. Mental illness is defined as "health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning." The following categories were found to be important health issues within behavioral/mental health in San Diego County: Alzheimer's, Anxiety, Drug and alcohol Issues and Mood disorders. There are a wide variety of anxiety disorders including post-traumatic stress disorder, generalized anxiety disorder, and panic disorder. In San Diego County ED discharges have increased 64.2% in youth up to age 14 in 2013. In substance abuse, 17.2% of adults self-reported heavy alcohol consumption. An analysis of OSHPD shows acute substance abuse hospitalization rates increased 37.4% from 2010 to 2013 and increased most among 15-24 year-olds (58.0%) and an acute alcohol

hospitalization rates grew most among 25-44 year olds with a 45.9% increase. Alzheimer's disease increased significantly in San Diego. 60,000 individuals in the county are living with Alzheimer's disease or other dementia in 2012 and is projected to increase by 55.9% by 2030. Suicide rates are much higher in San Diego County than in the state of California (11.3 versus 9.8 per 100,000 population) and is the eighth leading cause of death.

d. Obesity/HEAL/Diabetes

Obesity is when excess body fat has accumulated to the extent that it may have an adverse effect on health. Overweight and obesity ranges are determined using weight and height to calculate a "body mass index" (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese. For youth aged 2-19, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile, while obese is defined as a BMI at or above the 95th percentile for children. 36.3% of adults aged 18 and older self-reported that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the county according to 2011-2012 BRFSS data. 17.7% youth in grades 5, 7, and 9 ranked overweight for body composition on the FITNESSGRAM physical fitness test in 2013-2014. Roughly 15.9% of youth in grades 5, 7, and 9 ranked obese. Rates of overweight and obese youth were highest among Hispanic/Latino and African American youth. Obesity is an important health need due to its high prevalence in San Diego and is a significant contributor to the development of other chronic conditions, such as Type 2 Diabetes. An analysis of mortality data in the region found that in 2012 'Diabetes mellitus' was the seventh leading cause of death. 7.2% of adults aged 20 and older were diagnosed with diabetes in 2012 in San Diego County and the number has been steadily rising since 2005.

B. Health Needs Not Addressed

While all the health needs prioritized in the Community Health Needs Assessment are important to address, the implementation strategy planning process requires hospitals to select health needs to address based on critical criteria including health need severity, magnitude, inequity, and the extent to which the hospital is in a position to meaningfully address the need. The health needs below were identified in the hospital CHNA but are not part of the hospital implementation strategy plan.

The 2016 KFHSan Diego CHNA process focused on compiling additional data--both primary and secondary--to better understand and confirm the priority Health Needs first identified in 2013. Through the CHNA process, stakeholders affirmed that Access to Health Care, Obesity, Diabetes, Cardiovascular Disease and Behavioral/Mental Health persisted as the most pressing Health Needs in 2016. At the same time, stakeholders recommended that Obesity and Diabetes be combined into one Health Need, and that Behavioral/Mental Health become the first priority. Therefore, in 2016, there were no Health Needs considered by the ISET committee that were subsequently excluded from the KFHSan Diego Community Benefits Implementation Strategy.

Health needs were selected at the collaborative level within the CHNA Workgroup with the Hospital Association of San Diego and Imperial Counties. Community Benefit Staff at KFHSan Diego and Zion brought the list of the 4 identified needs to the IS Team to review along with the more extensive list of health needs. The KFHSan Diego and Zion Team vetted the other area health needs and determined it would select and align with the 4 health needs selected by the CHNA Workgroup. KFHSan Diego and Zion determined it would have a greater community impact addressing top health needs in tandem with the other hospital partners.

The other health needs that were not selected include: Unintentional Injury, High Risk Pregnancy, Asthma, Dementia & Alzheimer's Disease, Breast Cancer, Acute Respiratory Infections/Pneumonia, Back Pain, Colorectal Cancer, Lung Cancer, Prostate Cancer, Skin Cancer, Cervical Cancer, Chlamydia, HIV, and Oral Health. Individually, all of these health issues are relevant to the KFH-San Diego and Zion Medical Center. The committee believes these issues can still be addressed under access to health care category but supports the top 4 health needs as a priority.

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-San Diego and Zion will look for collaboration opportunities that address 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

Access to Care is defined as access to high-quality, affordable, holistic, and culturally specific care. KFH-San Diego and Zion'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):

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.

These priorities have guided the development of the following core strategies to address access to care in the community. These strategies focus on coverage and access, capacity of healthcare systems, and capacity of primary care providers. A large sub-set of these strategies are aligned with the Hospital Association of San Diego & Imperial Counties (HASDIC) Community Health Needs Assessment (CHNA) Collaborative and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high-quality healthcare (including preventive services and specialty care) for underserved populations including the reduction of barriers to accessing care.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and improve access to healthcare.
- 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 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.

Obesity/HEAL/Diabetes

KFH-San Diego and Zion's long-term goal for addressing obesity and overweight 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 access to healthy food options 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 and overweight in the community. A large sub-set of these strategies are aligned with the Hospital Association of San Diego & Imperial Counties (HASDIC) Community Health Needs Assessment (CHNA) Collaborative and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- 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.
- Support policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.
- Support the development of community-based organizations, leaders and networks, and build their capacity to advance equity and prevent obesity and to promote healthy eating and active living.
- 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 KP assets to drive community health and champion organizational practice changes within KP that promote healthy eating and active living.

Cardiovascular Disease

KFH-San Diego and Zion has a long-term goal for improving cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve clinical system processes to enable the delivery of quality health care services that address CVD.
- Improve linkages between health care services and community-level services to address CVD.
- Improve patient access to CVD preventive services including affordable medications and behavioral counseling and support.
- Improve access to healthy eating and physical activity opportunities among those with or at risk of CVD.

These priorities have guided the development of the following core strategies to address obesity and overweight in the community. A large sub-set of these strategies are aligned with the Hospital Association of San Diego & Imperial Counties (HASDIC) Community Health Needs Assessment (CHNA) Collaborative and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support health care providers in the use of population health management tools (e.g. clinical decision-support systems, data, team-based care) to screen, provide preventive care, and treat CVD.

- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Increase healthy eating and active living among vulnerable populations by supporting programs that focus on wellness and promote healthy food choices and exercise.
- Support community based initiatives that promote cardiovascular screenings, health and wellness checkup and increase care management related to patient care for vulnerable populations.
- Support the development of community-based organizations, leaders and networks, and build their capacity to advance equity and address CVD.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence, and experience of communities to build the field of cardiovascular health.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that improve CVD and promote health.

Mental and Behavioral Health

KFH-San Diego and Zion's long-term goal in 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 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 obesity and overweight in the community. A large sub-set of these strategies are aligned with the Hospital Association of San Diego & Imperial Counties (HASDIC) Community Health Needs Assessment (CHNA) Collaborative and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support community based initiatives that promote positive mental health by fostering community connection to one's neighbors and participation in local activities and create access to safe local public spaces where people can congregate
- Support integration of healthcare with community-based mental health services, such as: increase patient navigators and case managers who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers.
- Enhance access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.
- 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 to build the field.

- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.

VI. 2019 Year-End Results for KFH-San Diego and Zion

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-San Diego and Zion

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported, as follows:

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

Table C: KFH-San Diego and Zion 2019 Year-End Community Benefit Expenditures

	2019
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$20,780,271
Charity care: Charitable Health Coverage Programs ²	\$49,700
Charity care: Medical Financial Assistance Program ³	\$15,322,214
Grants and donations for medical services ⁴	\$5,940,958
Subtotal	\$42,093,143
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$73,661
Grants and donations for community-based programs ⁷	\$10,346,347
Community Benefit administration and operations ⁸	\$1,211,077
Subtotal	\$11,631,085
Benefits for the Broader Community	
Community health education and promotion programs	\$155,071
Kaiser Permanente Educational Theatre ⁹	\$643,988
Community Giving Campaign administrative expenses	\$13,508
Grants and donations for the broader community ¹⁰	\$34,757
National board of directors fund	\$41,299
Subtotal	\$888,623
Health Research, Education and Training	
Graduate Medical Education	\$4,456,734
Non-MD provider education and training programs ¹¹	\$1,054,433
Grants and donations for health research, education, and training ¹²	\$41,192
Health research	\$1,189,350
Subtotal	\$6,741,709
Total Community Benefits Provided	\$61,354,560

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-San Diego and Zion Activities Addressing Selected Health Needs

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

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

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

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-San Diego and Zion service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 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 93 events in 69 schools in the KFH-San Diego and Zion communities, reaching 24,944 youth and 833 adults.

Need	Summary of impact	Examples of most impactful efforts
<p>Access to Care</p>	<p>During 2019, Kaiser Permanente paid 6 grants, totaling \$142,722 addressing this priority health need in the San Diego service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$50,000 that addresses this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2019, KFH-San Diego and Zion provided \$20,780,271 in medical care services to 47,933 Medi-Cal recipients (both health plan members and non-members) and \$15,322,214 in medical financial assistance (MFA) for 15,111 beneficiaries.</p> <hr/> <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. <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.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Supporting Health Centers Enhance Clinical Operations to Enrich the Patient Experience~</u> Health Center Partners (HCP) provides training and education to its clinic members to enrich the patient experience. This is achieved through four key areas: membership growth; advocacy and policy; quality improvement and capacity building/training; and social determinants of health. In 2019, Kaiser Permanent paid \$225,000 (split among two service areas) to HCP to:</p> <ul style="list-style-type: none"> • Support an expanded patient population, HCP will work with member health centers to strengthen health center operations to expand patient population, which will yield improved patient experience and engagement. • Advocate for policies that support continued access to high quality and affordable primary care, dental and behavioral health care for low-income families, and for policies that support the growth and optimization of member health centers. • Increase the skills of the health center workforce in quality and other areas through training, technical assistance and peer networking opportunities.
CVD/ Stroke	<p>During 2019, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$115,000 that addresses this need.</p>	<p><u>Establishing In-House Cardiology Services within the Community*</u> San Ysidro Health is building an in-house cardiology service within the health center’s service network. Services include a bi-lingual (English-Spanish) Board-Certified Cardiologist who is providing diagnosis, outpatient treatment, office diagnostic studies and cardiovascular disease management for low income and uninsured patients. San Ysidro Health’s cardiology services benefit the health center’s patients with diagnosed heart diseases, as well as patients who are at higher risk for heart-related diseases, including diabetic and hypertensive patients. In 2019 Kaiser Permanente paid \$75,000 to San Ysidro Health to:</p> <ul style="list-style-type: none"> • Provide in-house cardiology services to a minimum of 150 San Ysidro Health patients.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Serving the Most Vulnerable Population with Prevention and Treatment for Cardiovascular Disease*</u></p> <p>Serving Seniors’ Heart Disease Prevention Program provides wraparound cardiovascular disease (CVD) management, education, and wraparound services to help low-income seniors take ownership of their cardiovascular health and overcome the social barriers that threaten their well-being. Serving Seniors’ Nurse Case Managers provide CVD-focused case management visits designed to prevent or improve CVD in the poorest seniors in San Diego County. During one-on-one visits, clients receive individualized heart-health counseling, assessments, blood pressure monitoring, weight management, and help coordinating primary care. Each client receives a personalized health plan, including heart-health goals and a list of specific objectives toward each goal. In 2019, Kaiser Permanente paid \$25,000 to Serving Seniors to:</p> <ul style="list-style-type: none"> • Provide 300 low-income seniors CVD management and access to coordinated social and nutrition services • Engage 100 low-income seniors in classroom-based health education • Engage 200 low-income seniors in activities that reduce the risk of CVD including fitness classes, a daily walking group, and heart-healthy cooking demonstrations
<p>Mental and Behavioral Health</p>	<p>During 2019, Kaiser Permanente paid 1 grant, totaling \$5,000 addressing this priority health need in the San Diego service area. In addition, a portion of money managed by a donor advised fund at California</p>	<p><u>Addressing Opioid Misuse in San Diego County*</u></p> <p>La Maestra’s San Diego Medication-Assisted Treatment (MAT) Expansion project’s overall goal is to expand access to comprehensive substance use disorder services (SUDS) including counseling and treatment for low-income, uninsured, and underinsured transitional age youth (TAY) in San Diego County. In 2019, Kaiser Permanente paid \$45,000 to La Maestra to:</p> <ul style="list-style-type: none"> • Screen 7,373 TAY and adult patients using age-appropriate, evidence-based tools that screen for depression, alcohol and other drug (AOD) use. • 188 patients were provided onsite, outpatient substance abuse services, and six patients ages 16 to 17 received mental health and SUD services either onsite or via telemedicine.

Need	Summary of impact	Examples of most impactful efforts
	<p>Community Foundation was used to pay 10 grants, totaling \$375,000 that addresses this need.</p>	<p><u>Expanding Homeless-Experienced Advocacy and Leadership*</u> San Diego Housing Federation, Corporation for Supportive and Alliance for Regional Solutions launched Homeless-Experienced Advocacy and Leadership (HEAL) Network with two training series in North and Central San Diego county to help participants with experience of homelessness to gain knowledge of their role in shaping policy change to address homelessness in San Diego. In 2019, Kaiser Permanente paid \$70,000 to San Diego Housing Federation to:</p> <ul style="list-style-type: none"> • Have 22 participants complete the training series, with 70% of the Network engaged in affordable housing and homelessness prevention advocacy in City Council hearings, County Board of Supervisors meetings, and Regional Taskforce to Homelessness Board meetings to name a few. • HEAL has given interviews, served as panelists, and are taking leadership positions on boards and commissions, and running for office. • HEAL has traveled to the State Capitol and met with elected officials and staff for statewide advocacy. <p><u>Prevention and Intervention Services for At-Risk Youth and Victims of Human Trafficking</u> Kaiser Permanente supports a collaborative program providing prevention and intervention services for at-risk youth and victims of human trafficking. Project partners include: Lifeline’s human trafficking program, Project LIFE; the Survivor Leader Network of San Diego; and Just in Time for Foster Youth. These programs provide crisis intervention for new identified human trafficking victims, trauma informed health intervention and peer support, basic needs like health care, clothing, housing.</p> <ul style="list-style-type: none"> • The project has served 90 trafficking victims from emergency intervention through long-term case management and provided 370 hours of peer support to assist victims. • 100% of new clients received basic needs, access to medical care, and emergency shelter. • The youth Drop-in center supported 295 requests for service from transition age foster youth, homeless youth, and youth at-risk of trafficking.

Need	Summary of impact	Examples of most impactful efforts
<p>Obesity / HEAL/ Diabetes</p>	<p>During 2019, Kaiser Permanente paid 5 grants, totaling \$125,273 addressing this priority health need in the San Diego service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 13 grants, totaling \$494,250 that addresses this need.</p>	<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 (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. <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.

Need	Summary of impact	Examples of most impactful efforts
		<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. <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.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Utilizing the Community Information Exchange to Address Diabetes and Obesity*</u></p> <p>211 San Diego is a countywide social and health information and referral contact center and online resource. The purpose of this funding is supporting the onboarding of new partners to the Community Information Exchange (CIE) to address obesity and diabetes. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person-centered care. New and enhanced Partners include: San Diego American Red Cross, North County Health Services, Skinny Gene Project and the Southeast San Diego Multicultural Foundation. In 2019 Kaiser Permanente paid \$75,000 to 211 San Diego to:</p> <ul style="list-style-type: none"> • Serve over 4,700 diabetic or obese patients within the CIE. • San Diego American Red Cross is piloting referrals for WIC and facilitating a coordinated referral system with all WIC providers. • North County Health Services has launched direct referrals for all programs including food distribution sites and diabetes prevention, receiving over 80 direct referrals. • Skinny Gene Project is accepting direct referrals for lifestyle change programs • Southeast San Diego Multicultural Foundation is developing workflows for a Prevention Alliance.

VII. Description of Community Health Needs KFH-San Diego and Zion Will Address in 2020-2022

The KFH-San Diego and Zion 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-San Diego and Zion is addressing in the 2020-2022 three-year cycle:

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

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

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

Economic security

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

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

Mental health and wellness

Mental health issues affect nearly 1 in 5 people, and when left untreated, are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality. In San Diego County, 12.4 people per every 100,000 die from suicide annually, and approximately 10% of all adults seriously consider committing suicide. While the rate of suicide decreased slightly (1.3%) from 2014-2016, the rates of suicide for people who identify as Asian/Pacific Islander, Black, and “other,” increased in those same years (13.3%, 47.2%, 93.0%). In addition, more people are being discharged from emergency departments for anxiety than in the past – rates increased by 4% from 2014-2016, with an 84% increase in discharge rates for the youngest San Diegans -- those 0-10 years old. In the community engagement process, residents described the desperation of people who need but cannot get quality, timely mental health services; they emphasized that while accessing services is hard for everyone, for people who may be at the highest risk for trauma related mental illness – like veterans, refugees, and the LGBTQ community, and for those who are uninsured, access to this care seems nearly impossible.

One important component of mental health and wellness is the prevention and treatment of substance and opioid misuse. In the KFH-San Diego and Zion service area, substance use, particularly opioid misuse, is a health crisis that has reached epidemic proportions. In San Diego County, the rate of discharge from emergency departments for chronic substance abuse increased by 559% from 2014-2016; rates for those 65 years and older increased the most – by 714%. The rate of discharge for opioid misuse for this age group was even more startling – it rose by 1,734% over this two-year period. Rates of discharge from emergency departments for acute substance abuse also rose. Rates increased for people of all racial and ethnic backgrounds; however, the most substantial increase (177%) was for Blacks. Heavy alcohol consumption is also problematic in San Diego

County. Nearly 20% of adults ages 18 and older self-report excessive alcohol use. Participants in the community engagement process discussed the link between mental health and substance misuse, arguing that the failure to provide preventive and acute mental health services often leads to self-medicating with drugs and alcohol. They also report an insufficient supply of substance use disorder out-patient and in-patient drug treatment programs as a critical need in San Diego County.

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