

Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

DOWNEY Southern California Region

Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350

Kaiser Foundation Hospitals (KFH)

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I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.6 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It’s also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn’t just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.6 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

For information on the CHNA, refer to the [2022 Community Health Needs Assessments and Implementation Strategies](https://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual 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 Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2023, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,156,318,352 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. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2023 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$487,302,412
Charity care: Charitable Health Coverage Programs	\$869
Charity care: Medical Financial Assistance Program ²	\$397,648,749
Grants and donations for medical services ³	\$26,274,860
Subtotal	\$911,226,891
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,749,364
Educational Outreach Program ⁴	\$887,210
Youth Internship and Education programs ⁵	\$3,957,337
Grants and donations for community-based programs ⁶	\$17,168,458
Community Benefit administration and operations ⁷	\$11,527,980
Subtotal	\$37,290,349
Benefits for the Broader Community	
Community health education and promotion programs	\$1,282,138
Community Giving Campaign administrative expenses	\$408,191
Grants and donations for the broader community ⁸	\$12,993,928
National Board of Directors fund	\$742,729
Subtotal	\$15,426,986
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$119,236,704
Non-MD provider education and training programs ¹⁰	\$32,312,529
Grants and donations for the education of health care professionals ¹¹	\$476,947
Health research	\$40,347,947
Subtotal	\$192,374,126
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,156,318,352

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who don't have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

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 Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH 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-based organizations, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Kaiser Permanente's Educational Theatre has inspired and empowered millions of students and adults in communities to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, obstetrics-gynecology, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. 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's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy and practice to facilitate the use of evidence-based care.

Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

[KFH-Downey service area demographic profile](#)

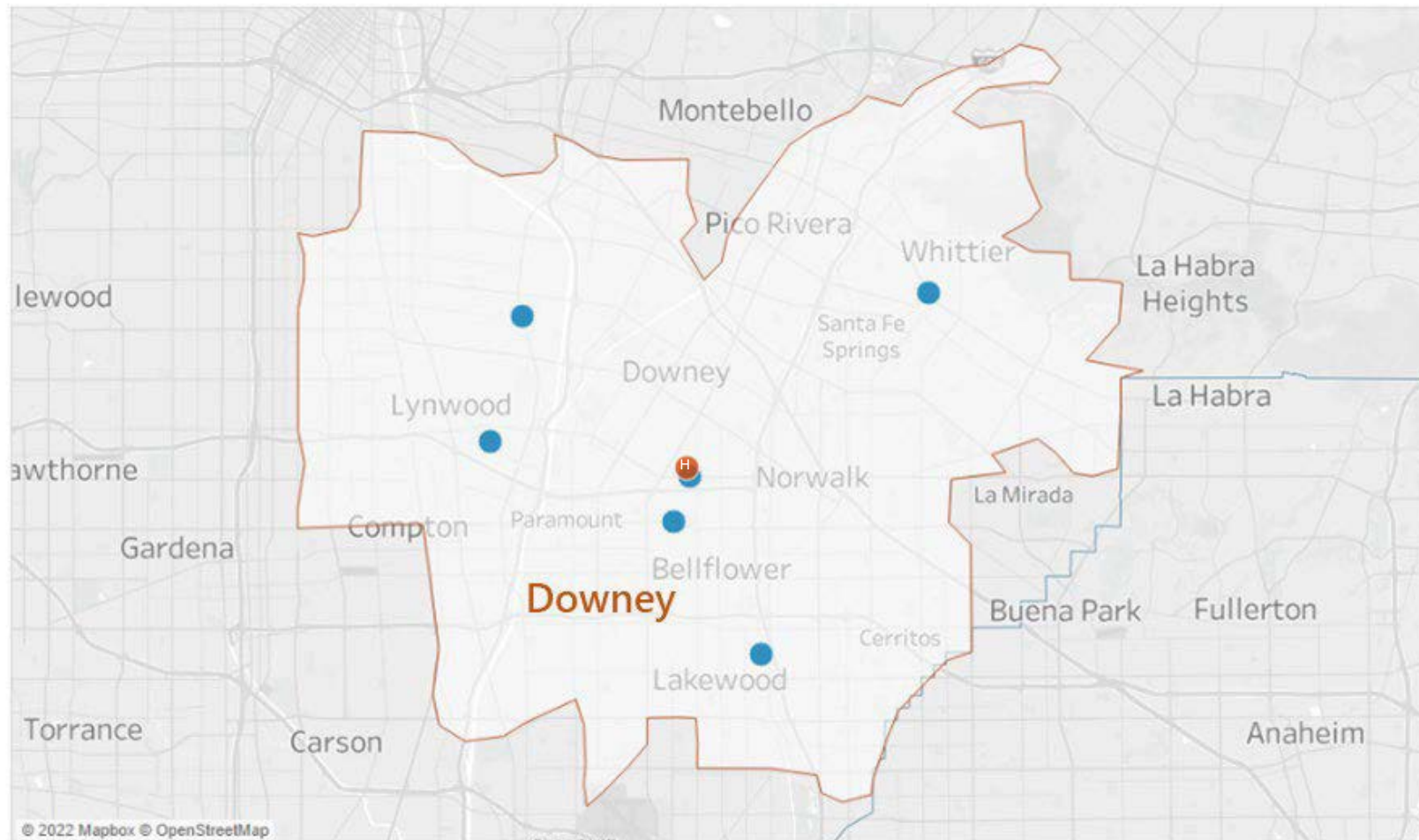
Total population:	1,525,258
American Indian/Alaska Native	0.2%
Asian	7.4%
Black	7.4%
Hispanic	73.9%
Multiracial	1.1%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	9.5%
Under age 18	26.3%
Age 65 and over	10.9%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Downey service areas

● Kaiser Permanente hospital
 ● Kaiser Permanente medical offices



The KFH-Downey service area includes Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Florence-Graham, Hawaiian Gardens, Huntington Park, Lakewood, Lynwood, Maywood, North Long Beach, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, portions of South Los Angeles, Vernon, Watts, Whittier, and Willowbrook.

IV. Description of Community Health Needs Addressed

KFH-Downey is addressing the following health needs during the 2023-2025 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 [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Housing:** The Downey service area has a lower home ownership rate (50 percent) compared to the State average (55 percent). In addition, the Downey service area has a much lower housing affordability index (75.) compared to the State average (88.1). Black and Latino/a renters are more likely to live in cost-burdened households and face housing instability. In the Downey service area, communities of color and immigrant families are more likely to experience severe housing burden and live in overcrowded housing. Interviewed community leaders identified racial segregation and gentrification as two causes of the increased housing burden. They also discussed seeing more unhoused families, generational homelessness, and unhoused seniors.
2. **Mental & behavioral health:** In the Downey service area, depression rates vary by service planning area (SPA), where both rates of adults with current depression and adults at risk for major depression being higher in SPA 6 compared to SPA 7. Community leaders noted that there is a stigma around talking about and seeking care for mental health issues, especially for Black, Indigenous, and people of color. They also noted that it can be challenging to connect individuals experiencing homelessness, monolingual Spanish speakers, seniors, and those who are formerly incarcerated to mental health services given transportation needs and the shortage of providers. Community leaders advocated for including community members in conversations around how to develop strategies to address mental and behavioral health issues in the community.
3. **Access to care:** In the Downey service area, where residents are predominantly people of color, the rate of those uninsured exceeds that of the State (12 percent compared to 8 percent), and more than a third of the residents are enrolled in Medicaid/public insurance. Interviewed community leaders shared that they believe there is a lack of health education related to acquiring insurance and finding medical care, in addition to concerns around competing financial responsibilities, transportation needs, and finding culturally responsive providers. Potential community assets or opportunities they discussed included targeted outreach materials, health education street outreach teams, and cultivated relationships with trusted community leaders.
4. **Income & employment:** The Downey service area has a poverty rate of 16 percent, which is greater than the state (13 percent) and national (13 percent) averages. Similarly, unemployment is 17 percent in this service area, which is also higher compared to the state (16 percent) and national (13 percent) rates. The rate of adults with no high school diploma (32 percent) exceeds the state and national rates by over 100 percent. Further, significant racial disparities exist in per capita income with some communities of color earning up to \$40,000 less than white communities. Interviewed community leaders expressed that prior to the pandemic, many residents did not have access to regular employment because they lacked the

skills or knowledge to navigate the workplace. Some opportunities offered by community leaders included developing more pathways for educational attainment, expanding workforce development programs, and using creative methods for spreading information about job opportunities.

5. **Structural racism:** In the Downey service area, systemic disparities continue to vary by service planning area (SPA). When it comes to educational attainment, economic opportunity, access to quality care, birth outcomes, and chronic health conditions, SPA 7 consistently fares better when compared to SPA 6. Community leaders advocated for policies and benefits that combat the impacts of discriminatory policies.
6. **Food insecurity:** Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses. The Downey service area had a higher SNAP enrollment rate (14 percent) than Los Angeles County (10 percent) and the state (10 percent). Community representatives shared that community members in the Downey service area face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status. They also discussed opportunities to increase food security by identifying community organizations (e.g., churches, social services providers, and other community-based organizations) that can meet community needs, engaging community members to increase awareness of existing resources, and expanding hours of service.

B. Health Needs Not Addressed

KFH-Downey is addressing all significant needs identified in the 2022 CHNA implementation strategy.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis, (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- 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 are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B**KFH-Downey Community Benefits Provided in 2023** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$16,415,645
Charity care: Medical Financial Assistance Program ²	\$13,239,060
Grants and donations for medical services ³	\$258,499
Subtotal	\$29,913,204
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$1,249,788
Youth Internship and Education Programs ⁵	\$208,444
Grants and donations for community-based programs ⁶	\$729,366
Community Benefit administration and operations ⁷	\$553,769
Subtotal	\$2,741,367
Benefits for the Broader Community	
Community health education and promotion programs	\$109,685
Community Giving Campaign administrative expenses	\$14,587
Grants and donations for the broader community ⁸	\$79,433
National Board of Directors fund	\$25,043
Subtotal	\$228,748
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$355,419
Non-MD provider education and training programs ¹⁰	\$930,254
Grants and donations for the education of health care professionals ¹¹	\$65,964
Health research	\$602,208
Subtotal	\$1,953,845
TOTAL COMMUNITY BENEFITS PROVIDED	\$34,837,164

B. Examples of Activities to Address 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 is anticipated that successful implementation of key activities (programs, grants, collaborations, 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 [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<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 awarded, total investments, and number of people reached/served. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to track and report outcomes of the projects for which they have received funding.

The tables below provide highlights for a select number of programs, grants, collaborations and/or assets that aim to address the identified health needs for KFH-Downey. The examples are illustrations and not an exhaustive list.

Kaiser Permanente, Southern California's Educational Theatre program provided 79 events, reaching 7,660 youth and 543 adults across 21 locations.

In addition to the highlights outlined in the tables to address specific health needs, Kaiser Permanente SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF-managed funds, however, are not included in the financial totals for 2023.

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Downey provided access to care to 54,602 Medi-Cal members and provided financial assistance to 7,793 people through the Medical Financial Assistance (MFA) program.</p>
	<p>California Health Care Safety Net Institute (SNI)'s Core Programming: The mission of SNI is to support California's public health care systems by shaping state health policy, providing performance measurement and reporting expertise, and accelerating decision-making and learning, within and across member systems. SNI was awarded \$300,000 over a year as one of the organizations in the Safety Net Partnership Initiative Clinic Consortia Cohort. As part of this cohort, SNI's core programming will support California's public health care systems through programming that improves system capacity to deliver higher quality, more equitable, and efficient health care. This is expected to improve public health care systems that serve Californians in 15 counties. (This grant impacts 15 hospital service areas in SCAL)</p>
	<p>California Primary Care Association (CPCA) Core Support: The mission of the CPCA is to lead and position community clinics, health centers, and networks through advocacy, education, and services as key players in the healthcare delivery system to improve the health status of their communities. CPCA was awarded \$400,000 over a year as one of 12 organizations across California in the Safety Net Partnership Initiative Clinic Consortia Cohort. As part of this cohort, CPCA will provide core services (training, technical assistance, convenings, conferences, and peer networks), and outreach activities to strengthen and engage membership and education of policymakers. (This grant impacts 15 hospital service areas in SCAL)</p>
	<p>School-Based Health Center at Fedde Middle School: The mission of the Family Health Care Centers of Greater Los Angeles, Inc. is to enhance the quality of life for men, women, and children in the Greater Los Angeles area through the provision of high-quality, accessible, and affordable health care services. Family Health Care Centers of Greater Los Angeles, Inc. was awarded \$50,000 over a year. This project will provide comprehensive primary healthcare services in the school-based health center in Hawaiian Gardens on the campus of the Fedde Middle School. Patients will receive navigation services, including transportation assistance for additional specialty care services. This is expected to serve 300 patients in 900 visits. (This grant impacts 1 hospital service area in SCAL)</p>

Need	Examples of most impactful efforts
<p>Housing</p>	<p>Medical Respite Initiative: The mission of the National Health Care for the Homeless Council is to build an equitable, high-quality healthcare system through training, research, and advocacy in the movement to end homelessness. National Health Care for the Homeless Council was awarded \$1,925,000 over 18 months. The National Institute for Medical Respite Care (NIMRC) will strengthen the ecosystem for medical respite care programs by increasing program capacity, piloting a medical respite certification process, and strengthening the viability of partnerships in California through CalAIM, statewide convening for providers and stakeholders. This is expected to engage programs collaborating with individuals experiencing homelessness across the county. (This grant impacts 7 hospital service areas in SCAL)</p>
	<p>Enhancing Shelter Spaces: The mission of the Salvation Army is to meet human needs across communities. The Salvation Army was awarded \$70,000 over a year. Our investment supports the Bell Shelter project, which will serve veterans and this project will improve multiple living spaces. The project is expected to serve 70 veterans and women. (This grant impacts 1 hospital service area in SCAL)</p>
	<p>Homelessness Prevention and Transitioning into Housing: The mission of Kingdom Causes Bellflower is to mobilize the community and provide transformative services so that neighbors have a place to live, work, and belong. Our partnership with Kingdom Causes Bellflower supports two projects assisting at-risk and chronically homeless individuals. The first project supports transitioning clients into housing via intake, assessment, housing navigation, case management, and financial resources. The second project utilizes flex funds to prevent homelessness and facilitate effective aging in place for at-risk senior adults with case management support to educate and connect seniors to other agencies, including In-Home Supportive Services. Each project is expected to serve 100 individuals. (This partnership impacts 1 hospital service area in SCAL)</p>
<p>Mental & Behavioral Health</p>	<p>Policy Research and Systems Change Initiative: The mission of the Steinberg Institute is to transform California’s mental health and substance use care systems through education, advocacy, accountability, and inspired leadership. Our partnership with the Steinberg Institute will leverage data to bring greater transparency to behavioral health spending, track outcomes for those receiving care, educate decision-makers and stakeholders about findings, and implement policies and practices that improve systems of care. (This partnership impacts 15 hospital service areas in SCAL)</p>

Need	Examples of most impactful efforts
	<p>Thriving Schools Project: The mission of Los Angeles County Office of Education (LACOE) is to improve the lives of students and our educational community through service, leadership, and advocacy. Our partnership with LACOE supports elementary through high school students. The initiative uses a multifaceted collaborative approach to ensure that all students access high-quality public education and wrap-around support services. LACOE, in partnership with various agencies, will lead the Thriving Schools Project in Los Angeles County through the development of a professional learning series and networking opportunities to improve communication and collaboration among community partners to expand health and wellness for students and staff. This is expected to serve 5,000 participants including staff, parents, and students. (This partnership impacts 7 hospital service areas in SCAL)</p> <p>Mental Health Services for Children and Caregivers in Homeless Families: The mission of The Whole Child - Mental Health & Housing Services is to help families raise emotionally and physically healthy children and have a place to call home. The Whole Child was awarded \$50,000 over a year. The Mental Health Services for Children and Caregivers in Homeless Families project will enhance the quality and access to mental health services for low-income families experiencing homelessness in Southeast Los Angeles County with a Family Mental Health Liaison to bridge the gap between mental health and housing services. This position will provide immediate high-quality mental health services such as crisis intervention, de-escalation, mediation, problem-solving, and individualized care plans to ensure clients enrolled in our housing programs are linked to long-term mental health services. This is expected to serve 65 individuals and families. (This grant impacts 1 hospital service area in SCAL)</p>

Need	Examples of most impactful efforts
<p>Income & Employment</p>	<p>Advancing Health Equity and Economic Opportunity: The mission of Communities Lifting Communities (CLC) is to advance systems change and promote intercultural health equity through effective use of data, prevention strategies, leadership, and partnerships. Our partnership with CLC supports Kaiser Permanente's commitment to moving beyond simply treating the symptomatic results of racial and economic inequity and toward a realignment of all institutional resources to fight inequities at the root by building community wealth. CLC will convene the Southern California Anchor Collaborative and Los Angeles County Community Health Assessment and Action Partnership to lead synergistic work at the county level across multiple hospitals to find agreement on financial investments to address pressing health needs and inequalities such as homelessness. CLC will coordinate with the Hospital Association of Southern California for the regional collaboration of hospitals, health systems, and partner organizations exploring and implementing workforce development, purchasing, and investing anchor strategies. This is expected to include 215 hospital and health systems leaders. (This partnership impacts 15 hospital service areas in SCAL)</p>
	<p>Health Careers Program: The Health Careers Program is a training and employment partnership with Kaiser Permanente as an Anchor Institution bringing together a network of Kaiser Permanente nurses to support educational efforts for Black, Latino, and other residents of color representing the ethnic diversity of South Los Angeles. The program links employers in the healthcare industry, training providers, and community-based organizations to create career progression for healthcare professionals into higher-paying nursing occupations that require training and certification. Our partnership with the Asian American Drug Abuse Program, Inc. includes \$300,000 over 2 years to serve 35 participants from the diverse and multi-ethnic communities of Los Angeles. (This grant impacts 4 hospital service areas in SCAL)</p>
	<p>Mentoring for Economic Security: The mission of the Elevate Your G.A.M.E. (Grades, Attendance and Maturity to Empower) is to lift urban students higher through mentoring, to become leaders who bring about positive change in their schools and communities. Elevate Your G.A.M.E. was awarded \$50,000 over a year. The mentoring programs will motivate students to obtain economic security through educational attainment to improve their lifelong health outcomes at all three high schools in Compton. This is expected to serve 150 primarily Latino and African American students. (This grant impacts 1 hospital service area in SCAL)</p>

Need	Examples of most impactful efforts
<p>Structural Racism</p>	<p>Watts Capacity Building and Equity Project Office: The mission of Community Partners is to accelerate ideas into action to advance the public good. Our partnership supports Community Partners to co-create and manage the Watts Capacity Building and Equity Project Office, a regranting program that allows organizations to access funding in a way that is equitable, streamlined, and timely. This is expected to serve approximately 15 organizations. (This project impacts 1 hospital service area in SCAL)</p>
<p>Food Insecurity</p>	<p>Harnessing the Power of WIC, Advancing California's Health System Reforms: The mission of the California WIC Association is to lead California communities to nourish, educate, support, and empower families in building a healthy future. Our partnership with the California WIC Association supports their work promoting WIC and related services, including breastfeeding support, nutrition education, health care, family and employee wellness, and public health workforce development. This project will pilot and replicate innovative models of WIC and health care integration and data linkages. (This partnership impacts 15 hospital service areas in SCAL)</p> <p>Increasing Access to Nutritious Food Through Advocacy: The mission of the California Association of Food Banks is to end hunger in California. Our partnership California Association of Food Banks supports the expansion of food assistance programs like CalFresh. The project includes state and federal advocacy, supporting 55 community-based organizations in their CalFresh and food assistance outreach programs, conducting research to identify barriers to food access facing key underserved populations and secure resources to strengthen and support California's food bank safety net. This is expected to support stakeholder organizations. (This partnership impacts 15 hospital service areas in SCAL)</p> <p>Choose Well - Be Well, Making the Healthy Food Choice: The mission of the Interfaith Food Center, Inc. is to provide nutritious food to neighbors in need in an environment that nurtures dignity and respect. Interfaith Food Center, Inc. was awarded \$50,000 over a year. The Choose Well - Be Well program uses a member-choice method to enhance the distribution of healthy food. Participants receive education about healthier choices, while experiencing a sense of empowerment. The program also connects clients with government assistance programs like CalFresh and WIC. This is expected to serve 5,600 food-insecure individuals, including low-income families and seniors. (This grant impacts 1 hospital service area in SCAL)</p>

VI. Appendix

Appendix A

2023 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$31,299,825
Fremont	\$11,290,424
Fresno	\$20,928,037
Manteca	\$41,130,654
Modesto	\$22,586,200
Oakland	\$69,132,545
Redwood City	\$25,331,007
Richmond	\$36,688,203
Roseville	\$48,570,614
Sacramento	\$78,361,475
San Francisco	\$35,219,854
San Jose	\$35,629,222
San Leandro	\$36,579,806
San Rafael	\$16,871,517
Santa Clara	\$54,423,351
Santa Rosa	\$30,471,515
South Sacramento	\$59,522,915
South San Francisco	\$14,393,214
Vacaville	\$23,431,991
Vallejo	\$35,420,809
Walnut Creek	\$24,925,238
Northern California Total	\$752,208,416

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$25,957,244
Baldwin Park	\$26,269,304
Downey	\$34,837,164
Fontana	\$61,085,066
Irvine	\$5,742,425
Los Angeles	\$59,171,816
Moreno Valley	\$11,117,047
Ontario	\$9,683,018
Panorama City	\$26,160,525
Riverside	\$26,225,914
San Diego (2 hospitals)	\$36,592,118
San Marcos	\$5,154,330
South Bay	\$20,830,614
West Los Angeles	\$38,973,081
Woodland Hills	\$16,310,271
Southern California Total	\$404,109,936

Appendix B

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 unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- ³ Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- ⁴ Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- ⁵ Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- ⁶ Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- ⁷ The amount reflects the costs of the community benefit department and related operational expenses.
- ⁸ Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- ⁹ Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations 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.