



# Community Benefit Plan FISCAL YEAR 2022



LOS ANGELES

Southern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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# **Kaiser Foundation Hospitals (KFH)**

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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 12.6 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

Kaiser Permanente is 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. 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.
- 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. For information on the CHNA, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://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 Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 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****2022 Community Benefits Provided by Kaiser Foundation Hospitals in California** (Endnotes in Appendix)

Category	Total Spend
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$187,106,665
Grants and donations for medical services <sup>3</sup>	\$24,435,416
<b>Subtotal</b>	<b>\$822,308,437</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>4</sup>	\$3,398,981
Educational Outreach Program <sup>4</sup>	\$839,692
Youth Employment programs <sup>5</sup>	\$2,901,906
Grants and donations for community-based programs <sup>6</sup>	\$14,526,431
Community Benefit administration and operations <sup>7</sup>	\$13,731,405
<b>Subtotal</b>	<b>\$35,398,415</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community <sup>8</sup>	\$14,672,431
National Board of Directors fund	\$742,694
<b>Subtotal</b>	<b>\$17,234,173</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education <sup>9</sup>	\$113,244,627
Non-MD provider education and training programs <sup>10</sup>	\$31,918,517
Grants and donations for the education of health care professionals <sup>11</sup>	\$1,024,087
Health research	\$35,040,218
<b>Subtotal</b>	<b>\$181,227,448</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,056,168,474</b>

## 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 is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

### Medical Financial Assistance

The Medical Financial Assistance program (MFA) 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. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

## 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 KFHP-Downey, KFHP-South Bay and KFHP-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 KFHP-Baldwin Park community.

### Youth Employment 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)**

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States 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. Currently, there are 3 programs available in every Kaiser Permanente region.

## **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. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. 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, ob/gyn, pediatrics, preventive medicine, and psychiatry.

### **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'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 to become health care professionals.

### 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- Los Angeles service areas demographic profile

<b>Total population:</b>	<b>2,185,672</b>
American Indian/Alaska Native	0.1%
Asian	20.5%
Black	4.0%
Hispanic	47.1%
Multiracial	2.2%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	25.8%
Under age 18	19.2%
Age 65 and over	13.6%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

## C. Map and Description of Community Served

### KFH- Los Angeles service areas

 Kaiser Permanente hospital     Kaiser Permanente medical offices



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

## IV. Description of Community Health Needs Addressed

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

### A. Health Needs Addressed

1. **Access to care:** Accessible health insurance addresses a major obstacle to primary health care utilization, particularly for very low- income residents. Nearly 1 in every 5 service area residents is uninsured. Latinos fare worse than the service area average: nearly 1 in 4 Latino service area residents have no insurance coverage. Our community engagement identified health insurance as an important component of health care access. Access to culturally and linguistically relevant providers and health care facilities that provide appointments during the evenings and weekends are equally important. Access to care has been chosen to be addressed in the Implementation Strategy in alignment with National Program Office.
2. **Mental and behavioral health:** According to the data prepared for the KFH-Los Angeles CHNA, poor mental health is associated with a 61.3% reduction in length of life per year for residents in the service area. Our community engagement identified poor mental health as common to the lived experience of service area residents, particularly for those residents dealing with economic and housing insecurity and structural exclusion. Communities of color are more vulnerable to certain factors underlying poor mental health. For example, in California, 8.1% of African American and Latino children have experienced a serious emotional disturbance, compared to only 6.9% of White children ([California Health Care Foundation, California Health Care Almanac](#)). Moreover, communities of color and undocumented communities are much less likely to receive necessary mental health services. For example, from 2011-2013, 11.3% of Blacks in California had an unmet mental health need, compared to only 8.2% of Whites ([California Health Interview Survey](#)). Mental and behavioral health has been chosen to be addressed in the Implementation Strategy because of its status as a priority in the community, and because mental and behavioral health are so integrally tied to access to care, economic security, and HIV/AIDS/STIs.
3. **Economic Opportunity:**
  - a. **Education and Employment.** Lack of economic security due to low and stagnant wages and difficulty obtaining employment due to lack of educational, language, or immigration status qualifications is a dominant concern for a large proportion of residents of the service area. Without access to education and reliable employment that pays a living wage, economic security, housing security, food security, and good mental and physical health are difficult to achieve. Over 1 in 5 service area residents are living below the federal poverty line in the KFH-Los Angeles service area. Moreover,

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

- b. **Housing insecurity.** Unstable housing threatens social, physical, mental, and emotional well-being. Our community engagements indicated that housing insecurity is growing as gentrification and rising real estate values—combined with stagnant wages experienced by many middle and low-income earners—continue to fuel the displacement of long-time Latino and Black communities throughout the service area. Many residents are vulnerable to housing insecurity because of an imbalance of wages and housing costs: 50.2% of residents spend more than 30% of their income on housing. However, this vulnerability to displacement is exacerbated by the social patterning of home ownership in the region. In Los Angeles County, many more people rent than own, but the pattern of homeownership is disproportionately distributed across races. People of color are more vulnerable to losing their homes than Whites because they are far less likely to be homeowners: 2 out of 3 households headed by a White adult is owned, not rented, compared to only 1 out of 3 homes headed by a Black adult ([National Equity Atlas](#)). Housing insecurity has been combined with education and employment and food insecurity to create a health need called Economic Opportunity.
- c. **Food insecurity.** Our community engagements indicated that the lack of affordable and accessible healthy food options prevent low-income residents from eating well and taking care of their health. The high cost of healthy food is a key factor in why many low-income residents with increasing housing costs rely on poorer quality foods or miss meals. Food insecurity affects a large population in the service area: over 1 in 7 adults experienced food insecurity in the last year. The issue disproportionately impacts people of color. For example, 1 in 6 Latino households in the KFH-Los Angeles service area receive SNAP benefits compared to 1 in 22 White households. Food insecurity has been combined with education, employment, and housing insecurity to create a health need called Economic Opportunity.
- 4. HIV/AIDS/STIs:** STIs greatly reduce life expectancy and are uncommonly prevalent in the LAMC service area. An STD/HIV/AIDS diagnosis is associated with a 58.2% reduction in length of life per year. STIs disproportionately impact people of color. In 2017, in Pasadena, 10-year average death rate due to HIV was twice as high for Black males than for White males ([Pasadena 2018 Mortality Report](#)). Our community engagements revealed that an HIV/AIDS diagnosis may lead to loss of employment and housing, particularly for people of color, and underlies chronic poor mental and physical health for many service area residents. HIV/AIDS/STIs has been chosen as a health need to be addressed in the Implementation Strategy because KFH-Los Angeles has a long history of investing in this health need which is



particularly salient to the medical center service area, and because the service area is once again experiencing an uptick in incidence of HIV/STIs. There is growing recognition that until issues of structural exclusion of and bias against vulnerable populations, particularly people of color and LGBTQ identity are addressed, inequities in health outcomes will persist. Our community engagements revealed many opportunities for to adopt practices and policies that counter structural inequities to support and promote equity to improve the health and well-being of underserved populations. While structural exclusion has not been selected as a direct priority health need per se, many of the interventions included in the implementation strategy tables below have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion.

## **B. Health Needs Not Addressed**

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Los Angeles to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Los Angeles is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). All of the selected health needs are those that meet these criteria and which KFH-Los Angeles is in a position to directly address. While structural exclusion has not been selected as a priority health need per se, many of the interventions included in the implementation strategy tables above have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion. Therefore, a response to this health need has been woven throughout the implementation strategy outlined by KFH-Los Angeles.

## 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-Los Angeles Community Benefits Provided in 2022** (Endnotes in Appendix)

<b>Category</b>	<b>Total Spend</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$21,614,471
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$5,981,683
Grants and donations for medical services <sup>3</sup>	\$13,160
<b>Subtotal</b>	<b>\$27,609,314</b>
<b>Other Benefits for Vulnerable Populations</b>	
Youth Employment programs <sup>5</sup>	\$99,853
Grants and donations for community-based programs <sup>6</sup>	\$690,825
Community Benefit administration and operations <sup>7</sup>	\$477,119
<b>Subtotal</b>	<b>\$1,267,797</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$83,734
Community Giving Campaign administrative expenses	\$9,477
Grants and donations for the broader community <sup>8</sup>	\$339,631
National Board of Directors fund	\$21,279
<b>Subtotal</b>	<b>\$454,121</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education <sup>9</sup>	\$20,124,889
Non-MD provider education and training programs <sup>10</sup>	\$1,217,747
Grants and donations for the education of health care professionals <sup>11</sup>	\$64,310
Health research	\$519,972
<b>Subtotal</b>	<b>\$21,926,918</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$51,258,150</b>

## 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, 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 [2019 CHNA Report and the 2020-2022 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 made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. 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 propose, track, and report outcomes of the projects for which they have received funding.

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

The total number and amount of grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Los Angeles service area and may also serve other KFH service areas. In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California provided the following services:

- Educational Theatre provided 124 events, reaching 9,897 youth and 736 adults across 23 locations.

In addition to the highlights outlined in the tables below to address specific health needs, Kaiser Permanente SCAL funded 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 2022.

Need	Examples of most impactful efforts
<b>Access to Care</b>	<p><b>Medi-Cal and Charity Care:</b> In 2022, KFH-Los Angeles provided access to care to 35,076 Medi-Cal members and provided financial assistance to 5,578 people through the Medical Financial Assistance (MFA) program.</p>
	<p><b>Core Support for the California Health Care Safety Net Institute (SNI):</b> SNI's mission is to support California's public health care systems by shaping statewide health policy, providing performance measurement and reporting expertise, and accelerating decision-making and learning within and across member systems. SNI will work with California's public health care systems by designing and implementing programming that improves access to care and system capacity to deliver higher quality, more equitable, and efficient health care. (This impacts 15 service areas across SCAL)</p>
	<p><b>Core Support for California Primary Care Association (CPCA):</b> The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education, and services as key players in the health care delivery system to improve the health status of their communities. CPCA's core services include training, technical assistance, convenings, conferences, and peer networks. This will also support outreach activities to strengthen and engage membership and education of policymakers. (This impacts 15 service areas across SCAL)</p>
<b>Mental and Behavioral Health</b>	<p><b>Achieving a Healthier Generation Through Thriving Schools:</b> The mission of the Alliance for a Healthier Generation, Inc. is to promote healthy environments so that young people can achieve lifelong good health. Alliance for a Healthier Generation, Inc. was awarded \$825,000 over 3 years for the project, Achieving a Healthier Generation with Thriving Schools. This will support school districts in under-resourced communities with implementing policies, systems, and environmental changes that will improve the health and well-being of students, staff, teachers, and families. This grant is expected to serve 854,135 students and teachers. (This grant impacts 15 service areas across SCAL)</p>
	<p><b>Supporting California Children's Behavioral Health:</b> The mission of Children Now is to find common ground among influential opinion leaders, interest groups, and policymakers to develop and drive socially innovative win-win approaches to helping all children achieve their full potential. Children Now was awarded \$300,000 over 2 years to build on and coordinate the State's recent significant investments in school mental health. This work will help ensure all students and young people in California, especially those exposed to poverty, racism, or other adverse childhood experiences, have access to the behavioral health supports they need to thrive. (This grant impacts 15 service areas across SCAL)</p>



Need	Examples of most impactful efforts
<b>Economic Security</b>	<p><b>Technical Assistance for Homekey 2.0 Applicants and Grantees:</b>  The mission of Enterprise Community Partners, Inc. is to make home and community places of pride, power, belonging, and platforms for resilience and upward mobility for all. Enterprise Community Partners, Inc. was awarded \$750,000 over 1 year. Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Enterprise Community Partners will provide technical assistance to Homekey applicants, including state, regional, and local public entities, to ensure successful applications and implementation of supportive housing. This grant is expected to provide 1,400 housing units. (This grant impacts 15 service areas across SCAL)</p>
	<p><b>Inner City Capital Connections (ICCC):</b>  Initiative for a Competitive Inner City (ICIC) drives inclusive economic prosperity in under-resourced communities through innovative research and programs to create jobs, income, and wealth for residents. ICIC was awarded \$180,000 over 1.75 years. ICCC helps Black, Indigenous, and people of color- and woman-owned businesses from under-resourced communities build capacity for sustainable growth in revenue, profitability, and employment. ICIC provides a comprehensive 40-hour curriculum combining executive education, mentorship and coaching, connections to business networks and contracting opportunities, and access to debt and equity capital. The grant is expected to serve 750 individuals. (This grant impacts 15 service areas across SCAL)</p>
	<p><b>Food Equity and Community Resilience Project:</b>  The Hollywood Food Coalition's mission is to feed and serve the immediate needs of the hungry every day of the year so they can build better lives. Hollywood Food Coalition was awarded \$20,000 over 1 year. Hollywood Food Coalition's Food Equity and Community Resilience Project provides housing services and serves free, healthy, restaurant-style meals to unhoused and low-income Angelenos, 365 nights a year, utilizing rescued food, with no barriers to access. This grant is expected to serve 2,100 food-insecure individuals and families.</p>
<b>HIV/AIDS/STIs</b>	<p><b>HIV/STD Testing Program:</b>  The mission of Access to Prevention, Advocacy, Intervention, and Treatment-Special Service for Groups, Inc. (SSG/APAIT) is to positively impact the quality of life for vulnerable communities experiencing behavioral health challenges, housing insecurity, and at-risk for HIV/AIDS. SSG/APAIT was awarded \$20,000 over 1 year. The grant is expected to serve 100 LGBTQIA-2S individuals who identify as LGBTQ/Asian Pacific Islanders and are at increased risk of living with HIV/AIDS and STDs. SSG/APAIT plans to increase equitable access to HIV/ STD testing, prevention, and treatment through a client-centered approach addressing the barriers to receiving care.</p>

## VI. Appendix

### Appendix A

#### 2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$26,979,813
Fremont	\$10,775,834
Fresno	\$16,122,555
Manteca	\$35,447,298
Modesto	\$19,217,602
Oakland	\$57,855,966
Redwood City	\$17,607,838
Richmond	\$38,236,498
Roseville	\$41,485,857
Sacramento	\$78,593,064
San Francisco	\$37,437,762
San Jose	\$35,086,101
San Leandro	\$34,010,384
San Rafael	\$13,812,578
Santa Clara	\$46,557,864
Santa Rosa	\$26,553,430
South Sacramento	\$53,235,083
South San Francisco	\$13,500,189
Vacaville	\$18,910,992
Vallejo	\$31,618,729
Walnut Creek	\$20,114,925
<b>Northern California Total</b>	<b>\$673,160,362</b>

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$21,601,870
Baldwin Park	\$24,037,175
Downey	\$36,123,611
Fontana	\$49,456,960
Irvine	\$8,249,194
Los Angeles	\$51,258,150
Moreno Valley	\$10,967,852
Ontario	\$13,561,310
Panorama City	\$30,321,078
Riverside	\$25,836,843
San Diego (2 hospitals)	\$32,583,411
South Bay	\$25,857,573
West Los Angeles	\$34,885,308
Woodland Hills	\$18,267,776
<b>Southern California Total</b>	<b>\$383,008,112</b>

## Appendix B

### Endnotes

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> Figures reported in this section are expenses for youth employment programs for under-represented populations.
- <sup>6</sup> 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.
- <sup>7</sup> The amount reflects the costs of the community benefit department and related operational expenses.
- <sup>8</sup> Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- <sup>9</sup> Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- <sup>10</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>11</sup> 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.