



# Community Benefit Plan FISCAL YEAR 2022



SAN DIEGO

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-San Diego and Zion service areas demographic profile

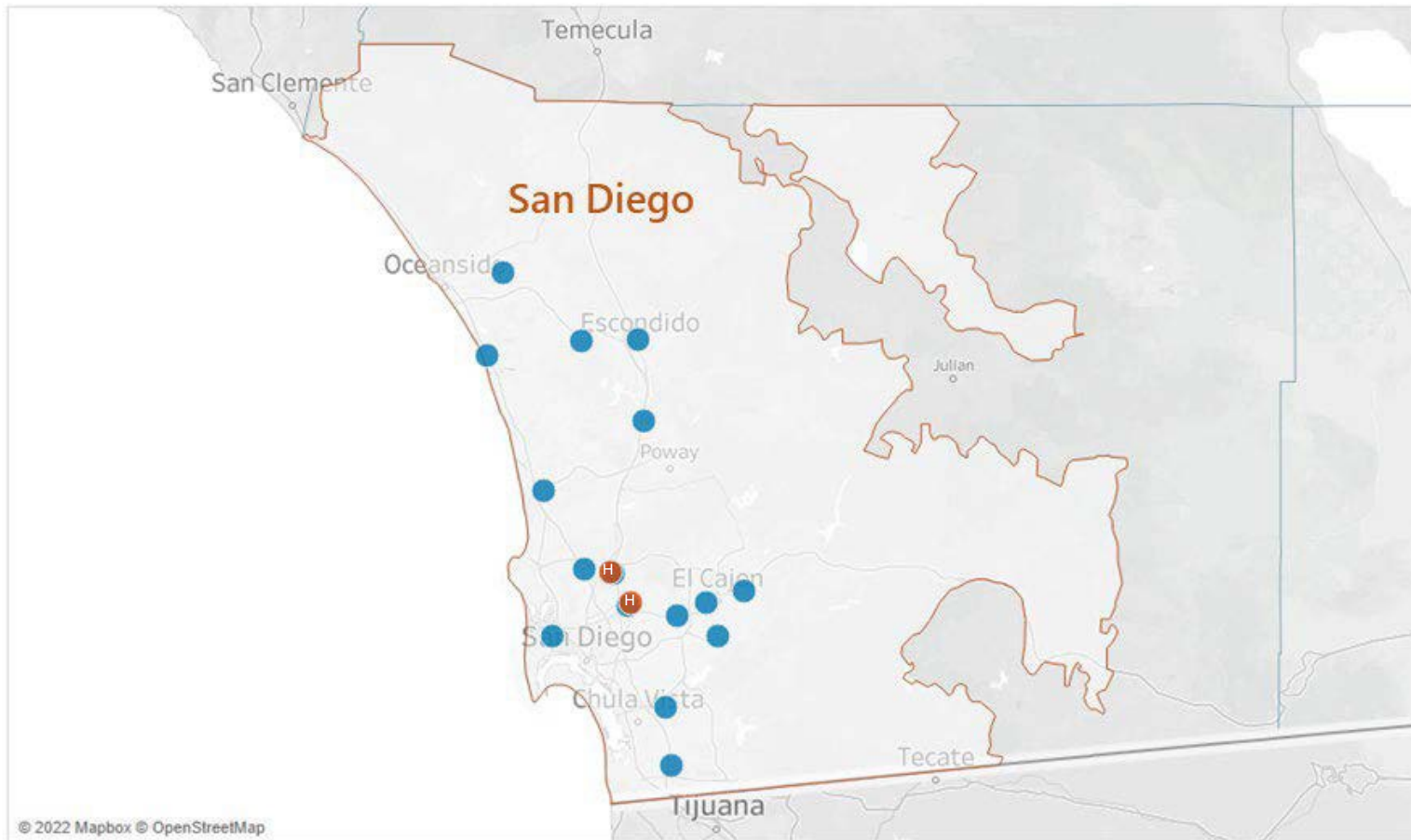
<b>Total population:</b>	<b>3,302,039</b>
American Indian/Alaska Native	0.4%
Asian	12.1%
Black	4.7%
Hispanic	34.5%
Multiracial	3.6%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	44.1%
Under age 18	0.4%
Age 65 and over	12.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

## C. Map and Description of Community Served

KFH-San Diego and Zion service areas

 Kaiser Permanente hospital     Kaiser Permanente medical offices



The KFHSan 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, San Ysidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista, and Warner Springs.

## IV. Description of Community Health Needs Addressed

KFH-San Diego and Zion are 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 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 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, people living in certain geographic regions, people from minority racial/ethnic backgrounds, immigrants, sexual minorities, and homeless individuals. Access to behavioral health services for mental health services and substance use disorders was described as particularly challenging.

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 health insurance is particularly challenging. For people with chronic diseases, such as diabetes or cardiovascular disease, this access is critical to the management of health, and the lack of access to 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. Disparities in access to care are clear, as evidenced both by quantitative data and community feedback. Finally, KFH-San Diego and Zion are in a unique position to increase awareness of access care and health insurance coverage across the service area.

**2. 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 Native, 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 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. Community members engaged in the CHNA 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 in a unique position to support efforts to improve the economic security of people in its service area, particularly in decreasing the prevalence of food insecurity among community members.

**3. Mental and behavioral health:** Mental and behavioral health: Mental health issues affect nearly 1 in 5 people, 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 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; the most substantial increase (177%) was for African American patients. 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 outpatient and inpatient drug treatment programs as a critical need in San Diego County.

Mental health was selected as a priority health need for the KFH-San Diego and Zion Implementation Strategy Plan due to the clear importance to the community and the devastating impacts of poor mental health on many people in the service area. Mental health issues can lead to severe health problems and premature mortality, and impact 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 chronic substance abuse, acute substance abuse, and opioid misuse have increased at startling rates over the past few years.

## **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-San Diego and Zion to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-San Diego and Zion is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include diabetes and substance use and opioid misuse.

1. **Diabetes:** The members of the implementation strategy team acknowledged the prevalence of diabetes in the community and the potential for severe impact on the health of community members. The committee determined, however, that more emphasis should be placed on the broader issue of access to care so that support could be given to programs and resources addressing multiple chronic health conditions, including, but not limited to, diabetes.
2. **Substance use and opioid misuse:** In addition, in discussions about how best to address substance use and opioid misuse, the implementation strategy team felt that this issue should be included under the umbrella of “mental health and wellness.” This decision was based in large part on community feedback that substance use and mental health are inextricably linked. The implementation strategy team concluded that the prevention and treatment of substance use disorders, including opioid misuse, are a key component of well-being, and therefore, should be addressed under this 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-San Diego 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>	\$12,471,638
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$10,004,689
Grants and donations for medical services <sup>3</sup>	\$24,567
<b>Subtotal</b>	<b>\$22,500,894</b>
<b>Other Benefits for Vulnerable Populations</b>	
Grants and donations for community-based programs <sup>6</sup>	\$1,302,168
Community Benefit administration and operations <sup>7</sup>	\$705,805
<b>Subtotal</b>	<b>\$2,007,973</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$156,310
Community Giving Campaign administrative expenses	\$17,690
Grants and donations for the broader community <sup>8</sup>	\$489,103
National Board of Directors fund	\$39,723
<b>Subtotal</b>	<b>\$702,826</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education <sup>9</sup>	\$5,213,666
Non-MD provider education and training programs <sup>10</sup>	\$1,067,344
Grants and donations for the education of health care professionals <sup>11</sup>	\$120,050
Health research	\$970,658
<b>Subtotal</b>	<b>\$7,371,718</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$32,583,411</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-San Diego. 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- San Diego 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 132 events, reaching 11,983 youth and 650 adults across 24 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-San Diego provided access to care to 67,068 Medi-Cal members and provided financial assistance to 11,391 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>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>



Need	Examples of most impactful efforts
	<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>East County Health Care Talent Pipeline Management Project:</b> The mission of the San Diego Workforce Partnership, Inc. is to empower job seekers to meet the current and future workforce needs of employers in San Diego County. San Diego Workforce Partnership was awarded \$70,000 over 1 year. In collaboration with Grossmont Healthcare District and El Cajon Collaborative, the project will assess the specific hiring needs of local health care employers to create training programs and pathways that lead to high-quality, well-paying, in-demand health care careers. This grant is expected to serve 10 health care and behavioral health employers.</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 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
	<p><b>Children and Adolescent Mental Health (CMH) Enhancement:</b></p> <p>The mission of the Union of Pan Asian Communities (UPAC) is to improve the general well-being and education of the Asian, Pacific Islander, and other ethnic communities of San Diego County. UPAC was awarded \$70,000 over 1 year to hire a full-time Crisis Intervention Specialist to reduce the wait list at CMH, ensuring that youth have access to rapid screening, assessment, and triage while awaiting an available therapist. This grant is expected to result in greater accessibility to culturally competent mental health services for 50 youth ages 5-20.</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.