

Community Benefit Plan FISCAL YEAR 2022



KAISER FOUNDATION HOSPITALS IN CALIFORNIA



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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).

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

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, innercity families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs 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

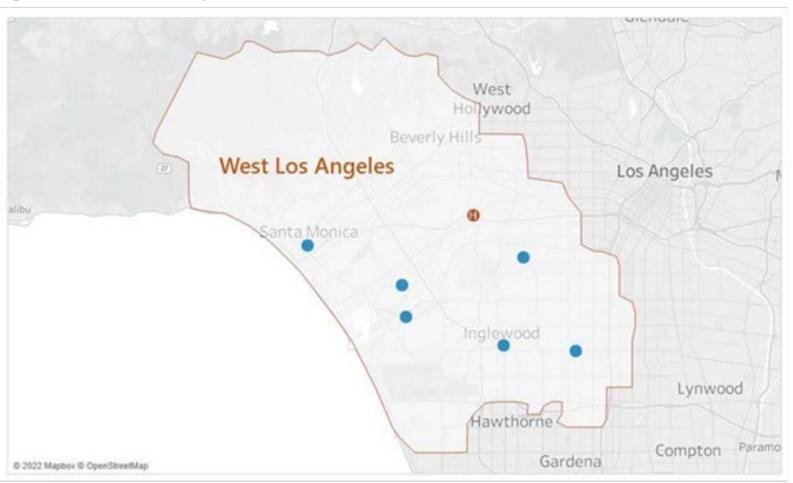
KFH-West Los Angeles service areas demographic profile

Total population:	1,427,180
American Indian/Alaska Native	0.2%
Asian	9.0%
Black	19.7%
Hispanic	35.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.4%
White	31.6%
Under age 18	19.6%
Age 65 and over	13.5%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-West Los Angeles service areas



The KFH-West Los Angeles service area covers 7 cities. The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Santa Monica, West Hollywood, and Los Angeles. The city of Los Angeles includes the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, Venice, Vermont Knolls, West Adams, Westchester, Westwood, and Wilshire among others.

IV. Description of Community Health Needs Addressed

KFH-West 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).

A. Health Needs Addressed

- 1. Access to Care: Access to Care impacts multiple areas of health, including physical and mental health, social well-being, and overall quality of life. This health need includes affordability, cost of living, availability of health care providers, ability to navigate health care systems, and social stigmas. In the KFH-West Los Angeles service area, low-income, Black/African American, and Hispanic/Latino residents are more likely to be uninsured and are disproportionately impacted by the accessibility of health care. In the KFH-West Los Angeles service area, accessing health care was the most prominent challenge revealed through primary data collection. Across all data collection methods, residents made clear that they face difficult choices between feeding their children, paying rent, or paying for health care. These factors also contributed to an increased risk of diabetes and obesity. Access to care was selected for the Implementation Strategy because secondary data and community engagement revealed that it is a priority health need and KFH-West Los Angeles has existing resources, partnerships, and potential opportunities to address this need.
- 2. Economic Security This need includes employment, education, food insecurity, housing insecurity, and homelessness. Employment and education are highly intertwined issues that impact socioeconomic status, including lower income and poverty. In the KFH-West Los Angeles service area, 34% of the population have household incomes less than 100% of the Federal Poverty Level. In South Los Angeles, a community within the KFH-West Los Angeles service area, 33% of area residents are unemployed, compared to 9% in the City of Los Angeles. Adult community members in the KFH-West Los Angeles area shared that a lack of high-paying, quality jobs resulted in fewer resources in the household as well as underinvestment in the community, because of limited local income and sales taxes. Community members also shared their experiences with discrimination in job searches, highlighting the contributing effects of racial inequity. Some community members also discussed the importance of strengthening the health care workforce to reduce the provider shortage and provide access to quality jobs. Socioeconomic status impacts the ability to ensure food security and access to healthy foods. As an important aspect of health, food intake can also contribute to a variety of health issues. In the KFH-West Los Angeles service area, 34% of households receive Supplemental Nutritional Assistance Program benefits, as qualified through their low-income

eligibility. In addition to this, nearly 20% of households are considered as having low food security. Community residents of the KFH-West Los Angeles service area unanimously highlighted the impact that the lack of affordable healthy food has on the community's ability to live a healthy lifestyle. Specifically, community members cited: 1) an abundance of

liquor stores and fast-food establishments, 2) a lack of grocery stores, or grocery stores with rotting produce, 3) the high cost of healthy food, and 4) long distance to healthy food retailers (restaurants, grocery stores). The impact of these barriers was cited as affecting many other health issues, including obesity and diabetes, oral health, mental health, and cardiovascular disease.

Housing affordability and access continue to be an issue for low-income families in Los Angeles and the KFH-West Los Angeles service area. In the KFH-West Los Angeles service area, 63% of households spend 30% or more of their income on housing. An increasing burden of rent is also exacerbating issues related to housing insecurity. Community members in the KFH-West Los Angeles service area pointed to overlapping economic issues as contributing factors to housing insecurity and homelessness, these included: lower income, increased rent burden, employment, and rising costs of living. This forces residents to choose between paying for housing, health care, or healthy food. More broadly, housing insecurity was also discussed concerning historical policies in West and South LA communities that dictated where specific subgroups could purchase housing. Residents cited the current challenges presented by gentrification, where new developments are driving many residents out of their communities. Additionally, community members frequently pointed out that the places where African American and Latino families could afford housing were often places significantly lacking health-promoting resources. While most of the groups at higher risk of experiencing poverty and poor health outcomes than other groups.

Overall, Economic Security directly contributes to the ability of individuals and families to live healthy lives; it includes access to education and employment, safe physical environments, and food security. In all areas, residents of the KFH-West Los Angeles service area reported racial bias and discriminatory systems as playing a role in their ability to secure fair resources or access. This was selected as a priority need to be addressed in the Implementation Strategy because of its nature as a compelling social predictor of health, and due to KFH-West Los Angeles data, existing programming, and partnerships.

3. Mental and Behavioral Health: As with many physical health conditions, mental health contributes significantly to the overall quality of life, health, and health outcomes. Mental health and wellness have been linked to physical health, economic security, housing security, and more. In the KFH-West Los Angeles service area, only 56% of residents report being able to receive the social-emotional support they need, as compared with 64% of adults in LA County overall. Poor mental health and the inability to access mental health resources can also compound health issues or present as co-occurring disorders. The 2018 Greater Los Angeles Homeless Count reports that 17% of adults in the KFH-West Los Angeles service area experiencing homelessness also have a serious mental illness. Throughout the KFH-West Los Angeles service area, mental health was cited more than any other priority health issue during the data collection and was discussed as both a cause and an outcome of living with low income. Both interviewees and focus group participants discussed the mental strain of 1) having to make critical choices due to limited

Kaiser Foundation Hospitals Community Benefit Plan

income such as paying rent, food, or health care, 2) dealing with untreated health conditions, and 3) living in communities with high rates of poor health outcomes, limited resources, violence, and over-policing. The cyclical nature of mental health issues compounds the impact on communities, necessitating highly tailored interventions and preventative measures. Transitional-age youth (young adults aged 18 to 24 years, currently or formerly in the foster care or probation systems) highlighted that this stress can lead to unhealthy and sometimes criminal choices to make ends meet or simply because they have given up and have nothing to lose.

During all methods of engagement, behavioral health, specifically substance abuse was ranked as a top health issue, as a cause and effect, of living in a low-income community. In the KFH-West Los Angeles service area, 15% of the 18 and older population reported binge drinking in the past month, 49.2% of the adult population had at least one alcoholic drink in the last month, 18.1% of the adult population reported using some form of marijuana in the last year, and 7.2% of adults reported misusing any form of prescription drugs in the past year. Research suggests that on the individual level, substance abuse is a coping mechanism to escape reality, while at the community level, it acts as a pollutant and a highly destructive force with enduring consequences. Community stakeholders referenced the early 1980s crack epidemic as a contributing factor to the socioeconomic hardships experienced by residents, particularly in South LA communities.

Mental and behavioral health was selected to be addressed in the Implementation Strategy because of the urgency of the need and the existing efforts already being conducted around this issue in the service area.

4. Racial Equity: Themes related to institutionalized racism were pervasive across community engagements and overlay the other health needs and barriers described in this report. For residents, the issue of racial equity was largely discussed in the form of housing discrimination, over-policing, the lack of access to resources, gentrification, and the prevalence of liquor stores and fast-food establishments with a lack of healthy food options. Community members highlighting systematic neglect and disenfranchisement noted the downstream impacts of these discriminatory policies, including negative health outcomes and increased racial segregation. There was also an acknowledgment of the barriers to accessing resources resulting from segregation, and a desire to strengthen bonds within communities. In the KFH-West Los Angeles service area, data demonstrates that these experiences disproportionally impact low-income individuals, African American, and Latino residents. Racial Equity was reported as a key driver for multiple negative health outcomes and negative community environments impacting other health needs in KFH- West Los Angeles service area. For this reason, Racial Equity is addressed in each of the other identified health needs, through specific strategies and interventions that target specific populations.

B. Health Needs Not Addressed

While all the health needs prioritized in the 2019 Community Health Needs Assessment (CHNA) process are important to address, the implementation strategy planning process requires KFH-West Los Angeles to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-West Los Angeles is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). The 2019 KFH-West Los Angeles CHNA methodology focused on identifying a key and small selection of all community health needs impacting the service area. Thus, all priority health needs identified are addressed at various levels in the implementation strategy plan.

Taking existing community resources into consideration, KFH-West Los Angeles decided to concentrate on those health needs that we can most effectively address given our areas of focus. The Medical Center has insufficient resources to effectively address all needs prioritized in the Community Health Needs Assessment equally, and in many cases, the needs are currently addressed by others in the community. With respect to racial equity, KFH-West Los Angeles has embedded equity strategies and core interventions within other identified health needs, but did not separate racial equity into its own category of health need. This approach seeks to recognize how the lack of racial equity act as drivers for many negative health outcomes and disparities in the racially diverse KFH-West Los Angeles communities. This Implementation Strategy is not exhaustive of everything we do to enhance the health of our communities. KFH-West Los Angeles collaborates with partners addressing a multitude of health needs and focuses efforts where it can appropriately contribute to addressing those needs.

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 Permanentesubsidized 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-West Los Angeles Community Benefits Provided in 2022 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$24,670,605
Charity care: Medical Financial Assistance Program ²	\$6,259,546
Grants and donations for medical services ³	\$29,375
Subtotal	\$30,959,526
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$1,132,993
Youth Employment programs⁵	\$52,734
Grants and donations for community-based programs ⁶	\$507,392
Community Benefit administration and operations ⁷	\$390,834
Subtotal	\$2,083,953
Benefits for the Broader Community	
Community health education and promotion programs	\$59,648
Community Giving Campaign administrative expenses	\$6,751
Grants and donations for the broader community ⁸	\$182,275
National Board of Directors fund	\$15,158
Subtotal	\$263,832
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$421,849
Non-MD provider education and training programs ¹⁰	\$739,938
Grants and donations for the education of health care professionals ¹¹	\$45,810
Health research	\$370,400
Subtotal	\$1,577,997
TOTAL COMMUNITY BENEFITS PROVIDED	\$34,885,308

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).

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-West 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- West 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 59 events, reaching 3,881 youth and 381 adults across 11 locations.
- Watts Counseling and Learning Center provided services to 509 individuals (predominantly African American 34.5% and Latino 63% descent), reaching 164 children, 155 teens and young adults, and 190 adults.

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		
Access to Care	Medi-Cal and Charity Care: In 2022, KFH-West Los Angeles provided access to care to 33,667 Medi-Cal members and provided financial assistance to 5,727 people through the Medical Financial Assistance (MFA) program.		
	Core Support for the California Health Care Safety Net Institute (SNI): 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)		
	Core Support for California Primary Care Association (CPCA): 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)		
Economic Security	Technical Assistance for Homekey 2.0 Applicants and Grantees: 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)		

Need	Examples of most impactful efforts	
	Inner City Capital Connections (ICCC): 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)	
	Big John Kares (BJK) Education and Training Program: The mission of BJK is promoting equity by providing education, training, and life skills to underserved youth in Los Angeles and surrounding communities. BJK was awarded \$20,000 over 1 year. The BJK Education and Training Program provides life skills, mentorship, training, and education to disadvantaged and underserved individuals pursuing careers in the construction trades. This grant is expected to serve 800 people.	
Mental and Behavioral Health	Achieving a Healthier Generation Through Thriving Schools: 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)	
	Supporting California Children's Behavioral Health: 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)	

Need	Examples of most impactful efforts	
	Care Through Counseling Continued: The mission of Open Paths Counseling Center is to meet the evolving mental health needs of the community through quality counseling for individuals and families at affordable fees and free therapy for at-risk children and youth in local schools. Open Paths Counseling Center was awarded \$96,000 over 1 year. Care Through Counseling Continued is a partnership of organizations providing therapeutic services. This grant will expand the program to serve 200 more low-income Angelenos facing mental health challenges with free mental health sessions.	

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount	Hospital	Amount
Antioch	\$26,979,813	Anaheim	\$21,601,870
Fremont	\$10,775,834	Baldwin Park	\$24,037,175
Fresno	\$16,122,555	Downey	\$36,123,611
Manteca	\$35,447,298	Fontana	\$49,456,960
Modesto	\$19,217,602	Irvine	\$8,249,194
Oakland	\$57,855,966	Los Angeles	\$51,258,150
Redwood City	\$17,607,838	Moreno Valley	\$10,967,852
Richmond	\$38,236,498	Ontario	\$13,561,310
Roseville	\$41,485,857	Panorama City	\$30,321,078
Sacramento	\$78,593,064	Riverside	\$25,836,843
San Francisco	\$37,437,762	San Diego (2 hospitals)	\$32,583,411
San Jose	\$35,086,101	South Bay	\$25,857,573
San Leandro	\$34,010,384	West Los Angeles	\$34,885,308
San Rafael	\$13,812,578	Woodland Hills	\$18,267,776
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		
Northern California Total	\$673,160,362	Southern California Total	\$383,008,112

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 employment 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.