



ANTIOCH

KAISER FOUNDATION HOSPITAL NORTHERN CALIFORNIA REGION

2020 COMMUNITY BENEFIT YEAR-END REPORT AND 2020-2022 COMMUNITY BENEFIT PLAN



Community

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation Hospital (KFH)-Antioch

Table of Contents

I. Introduction and Background

- a. About Kaiser Permanente
- b. About Kaiser Permanente Community Health
- c. Purpose of the Report

II. Overview of Community Benefit Programs Provided

- a. California Kaiser Foundation Hospitals Community Benefit Financial Contribution – Tables A and B
- b. Medical Care Services for Vulnerable Populations
- c. Other Benefits for Vulnerable Populations
- d. Benefits for the Broader Community
- e. Health Research, Education, and Training Programs

III. KFH-Antioch Community Served

- a. Kaiser Permanente’s Definition of Community Served
- b. Map and Description of Community Served
- c. Demographic Profile of Community Served

IV. KFH-Antioch Community Health Needs in 2020-2022

- a. Health Needs Addressed
- b. Health Needs Not Addressed

V. 2020 Year-End Results for KFH-Antioch

- a. 2020 Community Benefit Programs Financial Resources Provided by KFH-Antioch – Table C
- b. 2020 Examples of KFH-Antioch Grants and Programs Addressing Selected Health Needs

I. Introduction and Background

A. About Kaiser Permanente

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services.
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets.
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we’ve worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We’ve conducted Community Health Needs Assessments to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2020 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 2020, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,294,404,117 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2020 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$692,686,921
Charity care: Charitable Health Coverage Programs ²	\$94,951
Charity care: Medical Financial Assistance Program ³	\$292,212,296
Grants and donations for medical services ⁴	\$32,762,341
Subtotal	\$1,017,756,509
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs ⁶	\$692,228
Grants and donations for community-based programs ⁷	\$85,399,347
Community Benefit administration and operations ⁸	\$12,241,501
Subtotal	\$102,488,621
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$1,091,019
Kaiser Permanente Educational Theatre	\$5,784,348
Facility, supplies, and equipment (in-kind)	\$3,609,800
Community Giving Campaign administrative expenses	\$681,817
Grants and donations for the broader community ¹⁰	\$6,607,309
National Board of Directors fund	\$742,769
Subtotal	\$18,517,062
Health Research, Education, and Training	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs ¹¹	\$27,487,338
Grants and donations for the education of health care professionals ¹²	\$2,315,284
Health research	\$26,843,322
Subtotal	\$155,641,925
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,294,404,117

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.

¹² Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2020

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,884,734	Anaheim	\$38,125,925
Fremont	\$11,870,189	Baldwin Park	\$31,073,319
Fresno	\$17,121,944	Downey	\$46,435,644
Manteca	\$30,479,883	Fontana	\$70,060,474
Modesto	\$16,601,850	Irvine	\$16,259,901
Oakland	\$68,247,808	Los Angeles	\$61,151,477
Redwood City	\$17,113,356	Moreno Valley	\$13,907,228
Richmond	\$45,313,562	Ontario	\$19,946,787
Roseville	\$46,614,984	Panorama City	\$39,931,373
Sacramento	\$87,732,815	Riverside	\$36,807,300
San Francisco	\$37,776,000	San Diego	\$60,564,848
San Jose	\$29,971,995	South Bay	\$34,209,359
San Leandro	\$40,190,288	West Los Angeles	\$41,447,010
San Rafael	\$18,618,231	Woodland Hills	\$24,655,944
Santa Clara	\$43,328,256		
Santa Rosa	\$34,940,812		
South Sacramento	\$71,905,940		
South San Francisco	\$14,140,089		
Vacaville	\$26,348,833		
Vallejo	\$44,781,858		
Walnut Creek	\$23,844,101		
Northern California Total	\$759,827,528	Southern California Total	\$534,576,588

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

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

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication, and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine,

and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Antioch Community Served

F. 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.

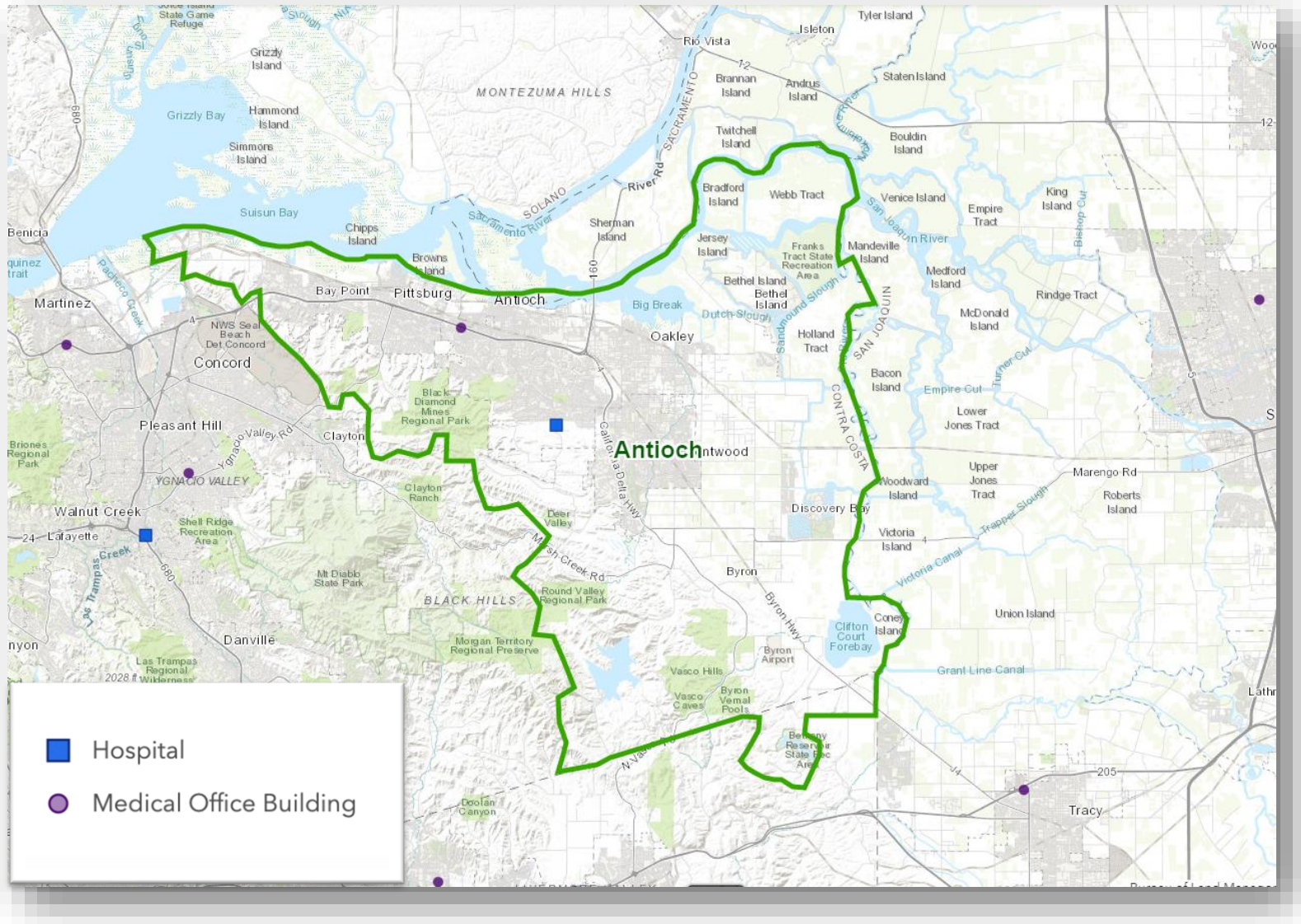
G. Demographic Profile of Community Served by KFH-Antioch

Total Population	318,900
White	52.7%
Black/African American	13.6%
Asian	10.4%
Native American/Alaskan Native	0.8%
Pacific Islander/Native Hawaiian	0.7%
Some Other Race	13.6%

Multiple Races	8.0%
Hispanic/Latinx	34.6%
Total Living in Poverty (<100% FPL)	12.7%
Children Living in Poverty	18.0%
Unemployment Rate	3.1%
Uninsured Population	9.6%
Adults with No High School Diploma	15.0%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

H. Map and Description of Community Served by KFH-Antioch



The KFH-Antioch service area comprises the eastern portion of Contra Costa County, which includes the major cities of Antioch, Bay Point, Brentwood, Knightsen, Oakley, and Pittsburg, as well as unincorporated areas.

IV. KFH-Antioch Community Health Needs

The following are the health needs KFH-Antioch is addressing 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 at:

<http://www.kp.org/chna>.

A. Health Needs Addressed

a. Health Care Access and Delivery

Consistent access to primary care can forestall the need for avoidable ER visits and hospitalizations for asthma, oral health, cancer, heart disease/stroke, and STIs. While incidence rates for certain cancers (breast, colorectal, lung, and prostate) are worse than in the state, cancer mortality is much higher than the state average (147.3 per 100,000) among the local area's Black population (199.5). This increased mortality may be influenced by screening issues, as the Black population is less likely to have been screened for breast cancer (i.e., have had a mammogram) than the benchmark.

Health Care Access and Delivery received the second highest overall score from the Community Health Investment Committee and was fourth among the CHNA priorities. Committee members scored this health need almost identically to the scores for Behavioral Health, with a marginally lower score for the existence of evidence-based and promising practices.

b. Economic Security

Community members discussed food insecurity, risk of homelessness, and employment. Community members emphasized that while there may be plenty of jobs in the service area, these jobs do not pay enough considering the high cost of living. Quantitative data indicate that in the service area, a higher percentage of the population receive government assistance than the state average.

Although Economic Security was not a top priority in the Committee's scoring and voting results, upon discussion, Committee members noted that other health needs overlap significantly with Economic Security and that it is a key driver of health. Investing in upstream prevention to improve economic security can have lasting, significant health impacts. A focus on healthy food security, job training, and supporting the homeless system of care are specific strategies that can improve economic security in the KFH-Antioch area.

c. Behavioral Health

Behavioral health, including mental health and substance use, is one of the needs about which the KFH-Antioch service area community expressed the strongest concern. The community emphasized depression and stress, as well as the co-occurrence of mental health and substance use. These issues may be partially driven by social isolation. KFH-Antioch community members also identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. Moreover, the community described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to health disparities.

Behavioral Health was the top priority to emerge from the CHNA process and received the highest overall score from the KFH-Antioch and KFH-Walnut Creek Community Health Investment Committee. Committee members also gave this health need the highest scores for the potential of leveraging community assets, evidence-based or promising practices, ability to leverage Kaiser Permanente expertise, and feasibility of making an impact.

B. Health Needs Not Addressed

Elements of Education and Literacy, Housing and Homelessness, and Healthy Eating / Active Living were incorporated into the Economic Security health need, particularly food security, job readiness, employment assistance, and navigation/case management services for people at risk for or experiencing homelessness.

Health needs identified in the CHNA but not addressed in the Implementation Strategy include Community and Family Safety, Transportation and Traffic, and Climate/Natural Environment.

Community and Family Safety received lower scores in terms of evidence-based or promising approaches, leveraging Kaiser Permanente expertise or organizational assets, and the feasibility of making an impact. Elements of the Access to Care and Behavioral Health strategies address the needs of survivors of violence, such as addressing trauma through the educational and behavioral health systems and connecting people to social, non-medical services. This is also the case with job training strategies under Economic Security.

Transportation and Traffic and Climate/Natural Environment were both lowest on the list of CHNA priorities and on the CHIC rankings, receiving the lowest scores for feasibility, as well as for evidence-based/promising practices. Even though both affect health outcomes, CHIC members were concerned that they would not be able to make much of an impact. However, some of the improvements in health care access and delivery (such as connecting low-income children and families to care for asthma) offer potential ways to address the effects of poor air quality and pollution within the service area.

V. 2020 Year-End Results for KFH-Antioch

A. 2020 Community Benefit Financial Resources Provided by KFH-Antioch

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported as follows:

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

Table C

KFH-Antioch

Community Benefits Provided in 2020 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$22,658,245
Charity care: Medical Financial Assistance Program ²	5,472,677
Grants and donations for medical services ³	349,899
Subtotal	\$28,480,821
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$0
Grants and donations for community-based programs ⁵	2,577,656
Community Benefit administration and operations ⁶	277,497
Subtotal	\$2,855,153
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$105
Community Giving Campaign administrative expenses	24,807
Grants and donations for the broader community ⁸	0
National Board of Directors fund	17,029
Subtotal	\$41,941
Health Research, Education, and Training	
Graduate Medical Education	\$189,993
Non-MD provider education and training programs ⁹	757,242
Grants and Donations for the education of health care professionals ¹⁰	0
Health research	559,584
Subtotal	\$1,506,819
Total Community Benefits Provided	\$32,884,734

TABLE C ENDNOTES

1. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
2. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
3. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
4. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.
5. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
6. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
7. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on related denominators such as the number of health education programs.
8. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
9. Amount reflects the net expenditures for health professional education and training programs.
10. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-Antioch’s 2020 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 KFH-Antioch Community Benefit Plan/Implementation Strategy Report posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of 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-Antioch. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Antioch service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple KFH service areas. Grant examples denoted with (*) were distributed from Kaiser Permanente Northern California Community Benefit’s donor advised fund (DAF), which is administered by the East Bay Community Foundation; accordingly, DAF grant amounts were not included in the community benefit totals for 2020 (Tables B and C).

In addition to the highlights in the below tables that address specific health needs, Kaiser Permanente Northern California Community Benefit implements additional community programs that address multiple health needs, including:

Need	Summary of Impact	Examples of most impactful efforts
Health Care Access and Delivery	In 2020, there were 19 grants totaling \$535,053.66 that addressed Health Care Access	Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 12,771 Medi-Cal members and 85 Charitable Health Coverage (CHC) in the KFH-Antioch service area. And another 4,317 individuals received Medical Financial Assistance (MFA).

Need	Summary of Impact	Examples of most impactful efforts
	<p>and Delivery in the KFH-Antioch service area.</p>	<p>Operation Access: In 2020, with the participation of 6 volunteer physicians, KFH-Antioch provided 12 outpatient medical services (surgical and diagnostic) to Operation Access clients.</p> <hr/> <p>A \$50,000 grant~ to Contra Costa Crisis Center (impacting KFH-Antioch, KFH-Richmond, and KFH-Walnut Creek) will support core operations and services for this local 211 organization. 211 systems are a crucial resource in emergencies, such as the wildfires that have ravaged California in recent years. 211 systems facilitate the quick dissemination of information regarding evacuations, shelters, and aid, all while reducing 911's call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.</p> <hr/> <p>A \$375,000 grant~ to Community Clinic Consortium of Contra Costa and Solano (impacting KFH-Antioch, KFH-Richmond, KFH-Vacaville, and KFH-Vallejo) will allow the Consortium develop and implement new virtual outreach strategies (e.g., piloting a texting campaign) to reach community members in the context of a pandemic environment. In addition, the Consortium will also work to develop culturally competent education materials and provide trainings to member clinic staff on various aspects of COVID-19 and to offer stipends to its member clinics to distribute COVID-19-related education and information materials, and work with patients on PRAPARE surveys to understand the socioeconomic impacts of the pandemic that may impact exposure risks and/or health outcomes.</p>
<p>Economic Security</p>	<p>In 2020, there were 17 grants totaling \$241,876.66 that addressed Economic Security in the KFH-Antioch service area.</p>	<p>A \$150,000 grant~/* to Contra Costa Health Services (impacting KFH-Antioch, KFH-Richmond, and KFH-Walnut Creek) will support getting homeless individuals impacted by Covid-19 (PUI or at-risk, as defined by FEMA) who currently reside in hotel rooms as part of Project Room Key into long-term housing by hiring an additional 2.0 FTE housing navigators. Contra Costa Health Services has 568 hotel rooms leased for homeless individuals impacted by Covid-19. Congregant shelters in Contra Costa County are</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>currently closed, which has impacted the ability to move clients through the system of care. With additional housing navigation supports, CCHS will be able to create space in the hotel system for additional homeless individuals impacted by COVID-19. Contra Costa is a Built for Zero Community and CCHS is the lead agency partner in Contra Costa for the Community Solutions Collaborative.</p> <hr/> <p>A \$90,000 grant to Renaissance Entrepreneurship Center (impacting KFH-Antioch, KFH-Oakland, KFH-Redwood City, KFH-Richmond, KFH-San Francisco, KFH-San Jose, KFH-San Leandro, and KFH-South San Francisco) will help address the devastating impact of COVID-19 on small businesses and the people they employ, by helping lower-income entrepreneurs of color and women leverage technology, build resiliency, and pivot their operations through COVID-19 and beyond. Renaissance will deliver customized English and Spanish language small business training and individual consulting services on pivoting business models and operations; navigating resources and accessing capital; building resiliency; and technology training and access to help clients establish their businesses online and enhance their e-commerce capabilities and visibility.</p> <hr/> <p>Food Bank of Contra Costa and Solano (FBCCS) received a \$50,000 grant (split between KFH-Antioch and KFH-Walnut Creek) to address food insecurity and the distribution of food to low-income individuals and families in East and Central Contra Costa County, targeting areas disproportionately affected by the COVID-19 pandemic and resulting economic crisis. Grant funds will be used to provide more than 123,000 individuals with at least 17 million pounds of shelf stable food and fresh produce through direct distributions and distributions conducted in partnership with area schools, food pantries, and soup kitchens. Pre-COVID-19, FBCCS served 178,000 people each month. Currently, 270,000 people across the county rely on FBCCS for emergency food each month.</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>Opportunity Junction received a \$25,000 grant for its Administrative Careers Training (ACT) program, which connects residents in low-income communities in East Contra Costa to quality administrative jobs and careers. ACT is cohort-based and achieves its impact by combining computer training with paid work experience, life skills, career skills, case management, mental health, employer connections, and long-term alumni support.</p>
<p>Behavioral Health</p>	<p>In 2020, there were 12 grants totaling \$468,403.14 that addressed Behavioral Health in the KFH-Antioch service area.</p>	<p>A \$98,000 grant to Lincoln Center will support its work with Hillview Junior High School (Pittsburg Unified School District) to:</p> <ol style="list-style-type: none"> 1. Provide trauma-informed mental health services to 15 students 2. Provide consultation on trauma-informed practices to teachers 3. Implement a back to school plan using best practices for trauma-informed care and COVID response 4. Work with school administration to implement RISE tools and resources <p>Antioch Unified School District (AUSD) received a \$95,000 grant to promote the <i>Planning for the Next Normal at School</i> playbook to its school sites and stakeholders and to support playbook implementation focused specifically on community-building activities, trauma-informed training, and socio-emotional skill building. This project will strengthen the Mental Health and Wellness Initiative through implementation of CARE (Children Accessing Resources in Education) teams, a socio-emotional curriculum, and continued training and coaching in trauma-informed practices. These efforts will be delivered to administrative and teaching staff at the district- and site-level.</p> <p>Lincoln received a \$50,000 grant for its Trauma-Informed Schools program that will support implementation of the <i>Return to Schools Playbook: Mental Health and Well-being</i> during reopening at Antioch’s Park Middle School. Lincoln mental health staff will infuse trauma- and crisis-informed teaching strategies as well as reflective self-care for vicarious trauma within the school’s existing virtual staff meetings. Lincoln staff will support Park’s CARE (Children</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>Accessing Resources in Education) team build its capacity to identify early warning indicators via distance learning, to utilize adverse childhood experiences (ACEs) screenings, and to employ other interventions to improve student behavior, learning, and success during this pandemic-impacted school year.</p> <hr/> <p>Mindful Life Project (MLP) received a \$50,000 grant to promote the <i>Planning for the Next Normal at School</i> playbook to its school audiences and stakeholders and to support playbook implementation focused specifically on mental health and well-being during reopening, community mental health and well-being, and staff and teacher well-being. MLP will deliver transformative, innovative mindfulness-based direct service programming to 4 Title 1 underserved schools in Antioch Unified School District. The goal is to support students and schools so they can go from surviving to thriving socially, mentally, emotionally, and academically while counteracting the negative impact of adverse childhood experiences (ACEs) on students' physical, mental, and emotional well-being.</p>