



FREMONT

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)-Fremont

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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 12.2 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-Fremont 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.

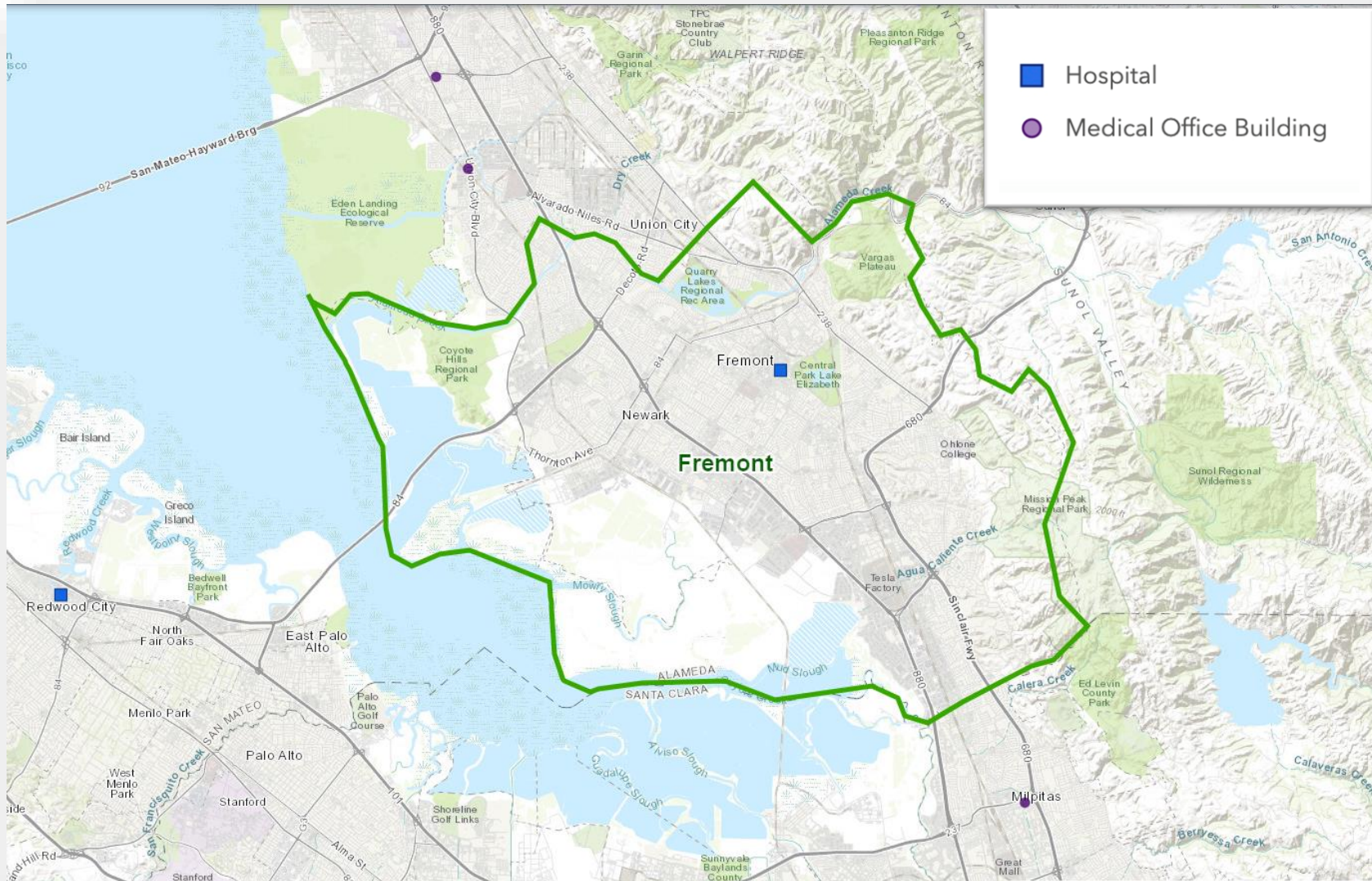
G. Demographic Profile of Community Served by KFH-Fremont

Total Population	273,040
White	27.7%
Black/African American	3.5%
Asian	51.7%
Native American/Alaskan Native	0.5%
Pacific Islander/Native Hawaiian	0.9%
Some Other Race	9.6%

Multiple Races	6.1%
Hispanic/Latino	16.7%
Total Living in Poverty (<100% FPL)	5.6%
Children Living in Poverty	5.7%
Unemployment Rate	2.9%
Uninsured Population	5.5%
Adults with No High School Diploma	7.8%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-Fremont service area comprises the southern part of Alameda County, which includes the major cities of Fremont and Newark, the southern part of Union City, as well as unincorporated areas.

IV. Description of Community Health Needs Addressed by KFH-Fremont

The following are the health needs KFH-Fremont 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. Behavioral Health

Behavioral health, including mental health and substance use, is one of the strongest priorities of the KFH-Fremont service area. Community members from the service area emphasized depression and stress, as well as the co-occurrence of mental health and substance use. KFH-Fremont community members also identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. In addition to individual trauma, community members called for culturally reflective support while discussing generational trauma, the impact of discrimination and institutionalized racism, and how these factors contribute to inequitable health outcomes. The CHIC members agreed that Behavioral Health is a top priority health need for both KFH-Fremont and KFH-San Leandro. Committee members gave this health need the highest scores for leveraging Kaiser Permanente and community assets, applying evidence-based or promising approaches, and the feasibility of making an impact.

b. Health Care Access and Delivery

Quantitative data indicate challenges to health care access for residents in the KFH-Fremont service area. Community members discussed issues related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists, especially for Medi-Cal patients. Many community members in the KFH-Fremont service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status. The community often identified the need for greater language support, culturally appropriate health care services, and whole-person care. In addition to immigrants, the community discussed how this need for sensitive, whole-person care also applied to LGBTQ community members; experts described the difficulty LGBTQ community members, especially transgender individuals, experience in finding medical professionals sensitive to their needs. Health Care Access and Delivery received among the highest scores for leveraging Kaiser Permanente expertise and organizational assets, the ability to apply evidence-based or promising approaches, and for the feasibility of making an impact.

c. Economic Security

Community members discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the service area, they do not pay enough considering the high cost of living. Community members observed that individuals working low-wage jobs are among those who can least afford to miss work in order to attend to their health and cited the stress of economic instability as one of the most pressing drivers of poor mental health. Ethnic disparities in economic security also exist among service area residents. CHNA participants in the service area specifically mentioned food insecurity, and often expressed the perception that healthy food is more expensive than fast food and packaged foods.

Economic Security was highly ranked in both the CHNA process and individual rankings among CHIC members. In contrast to prior years, it also received high scores for leveraging Kaiser Permanente expertise and organizational assets, as well as feasibility of making an impact. Because economic security is so closely linked to other health needs, CHIC members elevated this health need and incorporated aspects of Housing and Homelessness and Healthy Eating / Active Living.

B. Health Needs Not Addressed

Three health needs identified through the CHNA process are partially addressed in the strategies listed above:

- 1.** The Healthy Eating / Active Living health need received scores in the middle of the total rankings from CHIC members and was a lower priority in the CHNA process. The group agreed to incorporate one element of this health need—food security—into the Economic Security emphasis.
- 2.** Housing and Homelessness was ranked second among health needs by the CHIC members, in a tie with Economic Security. Recognizing the link between Economic Security and Housing and Homelessness, this health need was incorporated into the Economic Security priority health need.
- 3.** The Education and Literacy health need was rated as a medium priority in the CHNA and received similar rankings in the CHIC process. Relative to other health needs, it received lower rankings for the ability to leverage Kaiser Permanente expertise or organizational assets, and for the feasibility of making an impact. However, the CHIC members selected elements of Education and Literacy—notably job training and workforce development—in the higher-ranked Economic Security health need, as well as mental health and wellness for school-aged children under Behavioral Health.

Three health needs were among the priorities that emerged from the CHNA process but are not addressed among the implementation strategies:

- 1.** Community and Family Safety received lower scores from the CHIC in terms of evidence-based or promising approaches, leveraging Kaiser Permanente expertise or organizational assets, and feasibility of making an impact. Some elements of Community and Family Safety are specifically addressed by strategies included in the priority health needs—particularly addressing trauma through the education and behavioral health systems, helping people navigate and access health and non-medical social services (including survivors of human trafficking and domestic violence), and supporting interventions that increase economic security and reduce homelessness.
- 2.** Climate/Natural Environment—particularly poor air quality—was recognized as a factor in health outcomes but received low scores in terms of leveraging community assets, applying evidence-based or promising approaches, leveraging Kaiser Permanente expertise and organizational assets, and feasibility of making an impact. Instead, some of the improvements in health care access and delivery (such as connecting low-income children and families to care for asthma) were considered more accessible ways to address the effects of climate issues within the service area.
- 3.** Transportation and traffic create barriers to health by lengthening commutes (making it more difficult for people to spend time being physically active or preparing healthy meals), increasing stress, and affecting access to care. However, CHIC members did not identify specific ways for Kaiser Permanente to address this structural issue. Of all the health needs considered, transportation and traffic received the lowest scores overall and for opportunities to leverage community and/or Kaiser Permanente assets, apply evidence-based approaches, and the feasibility of making an impact.

V. 2020 Year-End Results for KFH-Fremont

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

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-Fremont

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$4,564,351
Charity care: Medical Financial Assistance Program ²	3,605,665
Grants and donations for medical services ³	334,799
Subtotal	\$8,504,815
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$4,105
Grants and donations for community-based programs ⁵	2,102,759
Community Benefit administration and operations ⁶	184,042
Subtotal	\$2,290,906
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$70
Community Giving Campaign administrative expenses	16,452
Grants and donations for the broader community ⁸	0
National Board of Directors fund	11,294
Subtotal	\$27,816
Health Research, Education, and Training	
Graduate Medical Education	\$141,421
Non-MD provider education and training programs ⁹	534,104
Grants and donations for the education of health care professionals ¹⁰	0
Health research	371,128
Subtotal	\$1,046,652
Total Community Benefits Provided	\$11,870,189

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-Fremont’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-Fremont 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-Fremont. 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-Fremont 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
Behavioral Health	In 2020, there were 10 grants totaling \$136,833.43 that addressed Behavioral Health in the KFH-Fremont service area.	Afghan Coalition received a \$25,000 grant~ (split between KFH-Fremont and KFH San Leandro) to implement its Mental Health Services for Afghan Immigrant Refugees & Immigrant Victims of Domestic Violence Trauma project. It will provide trauma-informed mental health prevention and early

Need	Summary of Impact	Examples of most impactful efforts
		<p>intervention in Fremont, Hayward, Newark, and Union City to culturally and linguistically isolated Afghan women, children, seniors, and their families who have experienced or are experiencing domestic violence. The grant will serve 125 individuals.</p> <p>Crisis Support Services of Alameda County (CSS) received a \$25,000 grant~ (split between KFH-Fremont and KFH San Leandro) to support its Expanding the Circle of Care program, which was designed to improve the resilience, mental health, and well-being of 518 middle and high school students from Castro Valley, Fremont, Hayward, San Leandro, and San Lorenzo through a series of mental health training videos, crisis line counseling, text counseling, and other CSS mental health support services offered in both English and Spanish.</p> <p>East Bay Family Defenders (EBFD) received a \$25,000 grant~ (split between KFH-Fremont, KFH Oakland, and KFH San Leandro) for the Trauma Informed Interdisciplinary Practice project, which was developed to deliver a culturally responsive, trauma-informed legal defense model for the parents and legal guardians of the more than 1,400 children and youth in foster care in Alameda County. Families served by EBFD are racially diverse and experience high levels of poverty and intergenerational patterns of struggle, including marginalization, unemployment, poor health, system involvement, substance abuse, and/or unmet mental health needs.</p> <p>SAVE's Counseling Center received a \$40,000 grant~ (split between KFH-Fremont and KFH San Leandro) to provide individual, family, and group therapy to 250 survivors of intimate partner violence to increase their safety, well-being, and self-sufficiency.</p>
	<p>In 2020, there were 13 grants totaling \$326,203.66 that</p>	<p>Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 3,918 Medi-Cal members and 41 Charitable Health</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Health Care Access and Delivery</p>	<p>addressed Health Care Access and Delivery in the KFH-Fremont service area.</p>	<p>Coverage (CHC) members in the KFH-Fremont service area. And another 3,767 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>Operation Access: In 2020, with the participation of 1 volunteer physician, KFH-Fremont and KFH-San Leandro provided 1 outpatient medical service (surgical or diagnostic) to an Operation Access client.</p> <hr/> <p>A \$50,000 grant~ to Eden Information & Referral (impacting KFH-Fremont, KFH-Oakland, and KFH-San Leandro) 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 Alameda Health Consortium (impacting KFH-Fremont, KFH-Oakland, and KFH-San Leandro) will help the organization to ensure the ongoing sustainability and growth of the Alameda County Medi-Cal Managed Care and HealthPAC programs, which are vital components to the county safety-net health care system. AHC will use this COVID-19 funding to support to its eight community health centers to fund their pandemic-specific activities. MOUs will be obtained prior to dispersing those funds.</p> <hr/> <p>Bay Area Community Health (BACH) received a \$75,000 grant~ (split between KFH-Fremont and KFH San Leandro) for its promotores program. BACH will hire bilingual, culturally competent community health workers (promotores) recruited from local communities who are representative of the majority Spanish- and Mandarin-speaking patient populations in the Fremont area. Promotores will support 75 low-income clients with chronic medical conditions (e.g., diabetes, asthma, and hypertension, etc.) in navigating local</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Economic Security</p>	<p>In 2020, there were 13 grants totaling \$152,010.00 that addressed Economic Security in the KFH-Fremont service area.</p>	<p>health care systems and linking them to community resources needed to effectively address their social determinants of health.</p>
		<p>A \$75,000 grant~ to Centro Community Partners (impacting KFH-Fresno, KFH-Oakland, KFH-Manteca, KFH-San Jose, and KFH-San Leandro) will help the agency build capacity to pivot and offer its programs and services via online platforms, thus bridging the digital divide and giving entrepreneurs of color access to entrepreneurship training, financial literacy programs, capital, and one-on-one business advisory services to promote asset building, create jobs, and address racial biases in micro-enterprise development ecosystem in the US.</p>
		<p>Alameda County Community Food Bank (ACCFB) received a \$25,000 grant~ (split between KFH-Fremont and KFH San Leandro) for its Healthy Food for Children Project. The project aims to reduce food insecurity and increase access to healthy, affordable foods—in particular, fresh fruits and vegetables—for 8,000 low-income families with children in Hayward, Newark, San Leandro, San Lorenzo, and Union City.</p>
		<p>Daily Bowl received a \$25,000 grant~ (split between KFH-Fremont and KFH San Leandro) to glean blemished but edible produce and excess/wasted food and distribute it to local agencies with outreach to vulnerable community members. The program delivers gleaned food to 13 organizations serving food-insecure community members in Southern Alameda County.</p>
<p>Fresh Lifelines for Youth (FLY) received a \$40,000 grant~ (split between KFH-Fremont and KFH San Leandro) to disrupt the pipeline to prison for youth, especially youth of color, and put them on the path to a healthy, free, and productive life. FLY’s Law and Leadership Program will provide life skills education, case management, and coaching for 60 to 75 juvenile justice-impacted youth from Southern Alameda County, equipping them with the skills and opportunities to thrive at school and in the workplace.</p>		

Need	Summary of Impact	Examples of most impactful efforts
		<p>New Haven Unified School District received a \$50,000 grant~ (split between KFH-Fremont and KFH San Leandro) for its Union City Family Center (UCFC). UCFC strengthens the capacity and resilience of the community through addressing issues of health, wellness, and economic security. UCFC will provide 1,300 vulnerable individuals with services to address their most urgent needs, including food, housing, and support for job readiness and employment.</p>