



MANTECA

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)-Manteca

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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-Manteca 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.

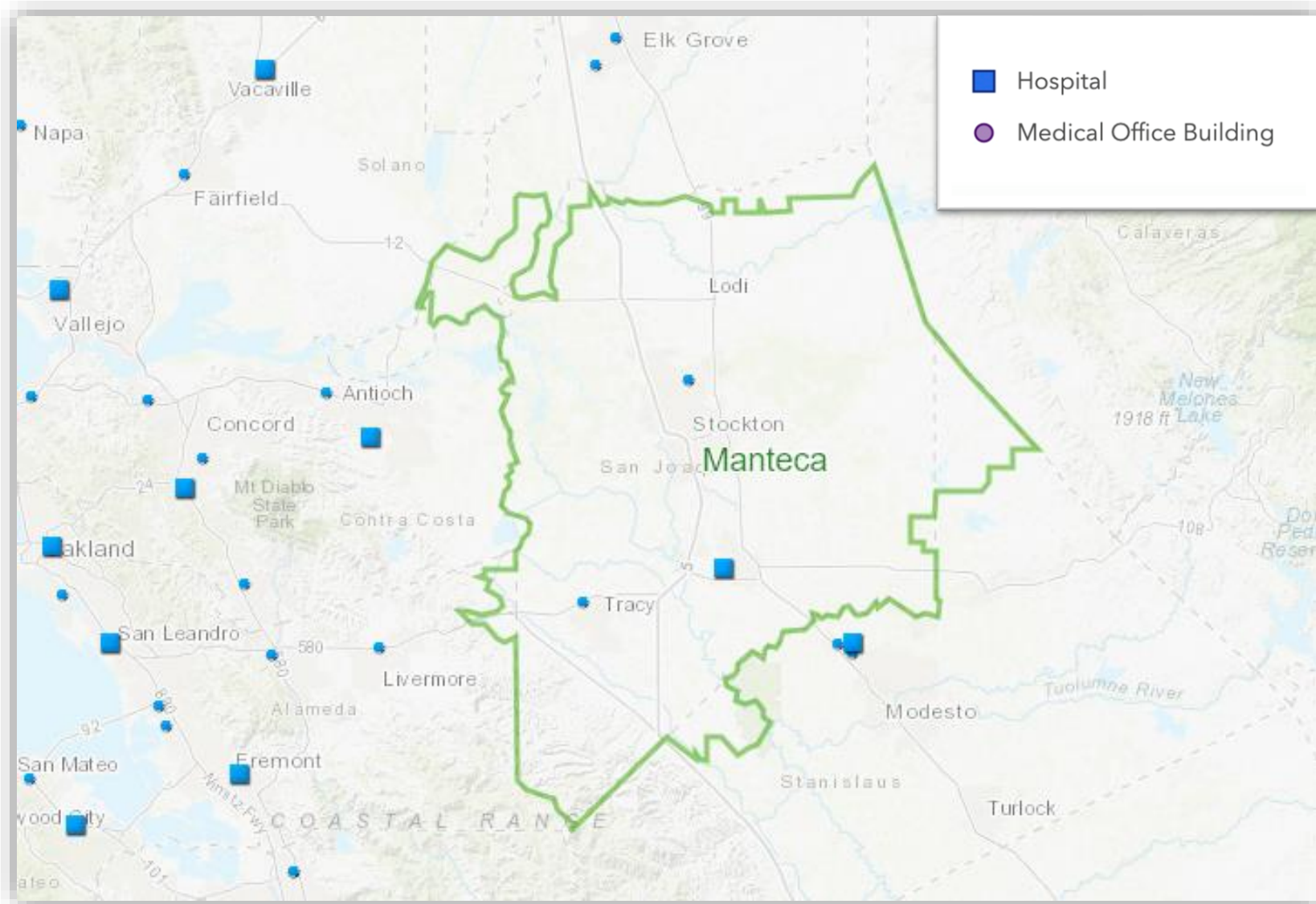
G. Demographic Profile of Community Served by KFH-Manteca

Total Population	715,653
White	56.4%
Black/African American	7.0%
Asian	14.9%
Native American/ Alaskan Native	1.1%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	11.6%

Multiple Races	8.9%
Hispanic/Latino	40.5%
Total Living in Poverty (<100% FPL)	17.8%
Children Living in Poverty	23.7%
Unemployment Rate	6.2%
Uninsured Population	11.7%
Adults with No High School Diploma	22.0%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-Manteca service area primarily comprises San Joaquin County and includes the cities of Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

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

The following are the health needs KFH-Manteca 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

1. Access to Care

Access to high-quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In KFH-Manteca service area, poor access to affordable health insurance and the lack of high-quality providers, including urgent care and mental health, impact access to care. Language and cultural barriers, including limited access to care in languages other than English, were discussed by key informants and focus groups during the CHNA process. Access to Care received the third highest points during scoring to select the health needs to address as KFH-Manteca can leverage significant organizational assets for this need, particularly their high levels of charitable health coverage and medical financial assistance as well as participation in Medical Managed care.

2. Mental Health

Mental health and well-being are essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Community residents and community organization/ public agency leaders perceived limited access to mental health providers (especially for low-income and immigrant populations), stigma around mental health care and a lack of culturally competent services as key factors contributing to poor mental health. Mental Health was identified during the CHNA as one of the highest priority needs and received the fourth highest number of points during the scoring process used to select the health needs to address; KFH-Manteca will leverage the momentum and attention building to address mental health within the service area.

3. Economic Security

Economic Security and stability lay the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. KFH-Manteca service area benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the service area. Homelessness and housing instability, lack of employment, poor recovery post-recession, transportation access and substance abuse relate to economic security and were mentioned as important issues by key informants and focus groups during the CHNA process. Economic Security was identified during the CHNA as one of the highest priority needs and received the second highest number of points during the scoring process used to select the health needs to address. As one of the service area's larger employers and organizations, Kaiser Permanente can leverage organizational business practices and workforce development initiatives to address this need.

4. Obesity/HEAL/Diabetes

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. These chronic diseases represent leading causes of death nationwide, and obesity rates and diabetes prevalence are higher in the KFH-Manteca service area as compared to the California average. Community residents identified their lack of access to safe, appealing parks and opportunities for everyday physical activity as their top priority health need and recognized that food security and access to affordable healthy foods is limited in at-risk priority neighborhoods. Obesity/HEAL/Diabetes received the highest points during the scoring process used to select the health needs to address, in part due to Kaiser Permanente's deep experience, expertise and organizational assets to address this need. In addition, this health need was selected as the focus of the San Joaquin County CHIP.

B. Health Needs Not Addressed

- 1. Violence/Injury Prevention:** This need received the lowest number of points during the scoring process to select needs to address; KP leadership perceived that organizational assets to address this need were not as strong as those available for other needs.
- 2. Substance Abuse/Tobacco:** Substance Abuse/Tobacco received the second lowest number of points during the scoring process to select the health needs to address. This need will be addressed in part by strategies conducted under Mental Health.

- 3.** Asthma: This health need was identified as a lower priority during the CHNA, with few focus groups and no key informants identifying asthma as a top health need for the KFH-Manteca service area.
- 4.** Oral Health: This health need was identified as a lower priority during the CHNA. KFH-Manteca does not offer dental services and does not have oral health expertise in house.
- 5.** Climate and Health: Climate and health was identified as a lower priority during the CHNA, scoring lowest of all health needs in the CHNA analysis based on secondary data (in terms of severity, disparities) and qualitative data from focus groups and interviews.

V. 2020 Year-End Results for KFH-Manteca

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

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-Manteca

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$13,864,030
Charity care: Medical Financial Assistance Program ²	12,257,679
Grants and donations for medical services ³	189,339
Subtotal	\$26,311,048
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$0
Grants and donations for community-based programs ⁵	2,521,780
Community Benefit administration and operations ⁶	428,606
Subtotal	\$2,950,386
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$162
Community Giving Campaign administrative expenses	38,315
Grants and donations for the broader community ⁸	0
National Board of Directors fund	26,303
Subtotal	\$64,779
Health Research, Education, and Training	
Graduate Medical Education	\$0
Non-MD provider education and training programs ⁹	289,369
Grants and donations for the education of health care professionals ¹⁰	0
Health research	864,301
Subtotal	\$1,153,670
Total Community Benefits Provided	\$30,479,883

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-Manteca’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-Manteca 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-Manteca. 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-Manteca 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
Access to Care	In 2020, there were 12 grants totaling \$241,243.66 that addressed Access to Care in the KFH-Manteca service area.	Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 12,216 Medi-Cal members and 236 Charitable Health Coverage (CHC) members in the KFH-Manteca service area. And another 13,592 individuals received Medical Financial Assistance (MFA).

Need	Summary of Impact	Examples of most impactful efforts
		<p>A \$50,000 grant to Family Resource and Referral Center of San Joaquin 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> <p>Family Resource and Referral Center of San Joaquin received a second \$50,000 grant to further support its core operations and services. Family Resource and Referral Center of San Joaquin is committed to ensuring that more residents - particularly the uninsured - are connected with the 3,400 programs and 570 health and human service organizations throughout the county.</p> <p>A \$375,000 grant~ Central Valley Health Network (CVHN) (impacting KFH-Fresno, KFH-Manteca, KFH-Modesto, KFH-Roseville, KFH-Sacramento, KFH-South Sacramento, and KFH-Vacaville) will support funding for regional, statewide, and federal policy/advocacy issues and activities that affect the federally qualified health centers in the CVHN service area for the purpose of increasing access to care; and supporting the development and retention of a strong health center workforce in the regions served by CVHN members. CVHN will use its COVID-19 funding for virtual convenings on COVID for member clinics, and for purchase of PPE and equipment for remote monitoring, infection control and responsive requests funding from their member clinics.</p>
Mental Health	In 2020, there were 7 grants totaling \$319,183.43 that	A \$98,000 grant to Delta Health Care will support addressing the unmet trauma-related mental health needs of students and staff at Stagg High School (Stockton Unified School District). Delta Health Care will:

Need	Summary of Impact	Examples of most impactful efforts
	addressed Mental Health in the KFH-Manteca service area.	<ol style="list-style-type: none"> 1. Provide trauma-informed individual therapy to 100 trauma-impacted students 2. Provide in-service training to all staff on how to identify trauma-impacted youth and how to refer to campus-based mental health services 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>Delta Health Care received a \$75,000 grant to work with mental health interns from local universities who will provide mental health counseling for students attending Stockton high schools.</p> <p>San Joaquin County Office of Education received a \$70,000 grant to increase opportunities for 100 school staff members to learn high-quality, behavioral health care strategies that will be used to support traumatized youth.</p> <p>Sow A Seed received a \$50,000 grant to improve the capacity of schools and communities to access mental health support services through in-person and virtual platforms and to provide timely responses to behavioral or mental health concerns. This funding will impact 60 students.</p>
Economic Security	In 2020, there were 9 grants totaling \$334,500.00 that addressed Economic Security in the KFH-Manteca service area.	A \$150,000 grant to St. Mary's Dining Room will support its Kara Brewer Clothing and Hygiene Center Room, which serves the COVID-19 at-risk homeless population with hot showers, clean clothing, and underwear and provides other personal hygiene services. Grant funds will allow the Hygiene Center to be open seven days a week instead of five and cover expenses generated by the additional service days, including staff plus benefits, repairs, maintenance, supplies, and utilities. Hygiene services are vital to the health and well-being of individuals and the need is even greater during this pandemic. St. Mary's Dining Room was an active founding member of the San

Need	Summary of Impact	Examples of most impactful efforts
		<p>Joaquin Task Force on Homelessness, which became the Continuum of Care (CoC), and is now on the CoC.</p> <hr/> <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> <hr/> <p>Lutheran Social Services of Northern California received a \$50,000 grant to provide 50 foster or unsheltered youth with employment and education support.</p> <hr/> <p>African American Chamber of San Joaquin Foundation received a \$25,000 grant to provide entrepreneur education training to 75 businesses and financial literacy programming to 50 businesses. Funds will help local businesses and entrepreneurs recover, rebuild, and grow by assessing their business needs, enhancing business knowledge, improving technical skills, and providing access to contracting opportunities in Stockton and San Joaquin County.</p> <hr/> <p>San Joaquin County Hispanic Chamber received a \$25,000 grant to build the capacity of 20 local businesses to operate under adapted conditions resulting from COVID-19, to provide technical assistance, and to assist 30 or more small businesses through monthly trainings and resources while establishing a workforce pipeline that connects employers with employees.</p>
	<p>In 2020, there were 13 grants totaling \$356,844.95 that</p>	<p>A \$95,000 BLOC (Building Local Outreach Capacity: Increasing CalFresh Participation) grant to Catholic Charities (CC) Diocese of Stockton will support</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Obesity/ HEAL/ Diabetes</p>	<p>addressed Obesity/HEAL/ Diabetes in the KFH-Manteca service area.</p>	<p>CalFresh application and retention services for low-income households throughout San Joaquin County, especially those who have been impacted by COVID 19. CC will:</p> <ol style="list-style-type: none"> 1. Prescreen 8,000 individuals for CalFresh eligibility. 2. Help 1,200 individuals complete CalFresh application process and provide retention assistance to 1,500 individuals to ensure they continue accessing their CalFresh benefits. 3. Staff will participate in a minimum of four training opportunities to support education of the community and CalFresh-eligible clients. 4. Provide virtual trainings to 10 community partners on CalFresh benefits during COVID-19. 5. Participate in a minimum of three coalitions to address hunger and food insecurity in San Joaquin County. <hr/> <p>Give Every Child A Chance received a \$50,000 grant to provide 500 youth with virtual physical activity and to distribute fresh, nutritious food on a biweekly basis.</p> <hr/> <p>Emergency Food Bank received a \$25,000 grant to expand the size and capacity of its warehouse to serve an additional 124,000 individuals annually.</p> <hr/> <p>Boys & Girls Clubs of Tracy received a \$75,000 grant to support its Virtual Learning Program, which allows it to connect with club members and continue providing essential mentoring and support. More than 100 members participated on daily Zoom calls. Activities included sports camps, STEM projects, cooking, art, and more. During the summer, more than 2,200 food boxes were distributed to Club families and other community members with the highest need.</p>

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		Tides Center - fiscal sponsor for Reinvent South Stockton Coalition (RSSC) - received a \$50,000 grant, which will allow RSSC to organize 340 residents to participate in park beautification and gardening volunteer events and to activate community parks through increased programming.