



ROSEVILLE

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)-Roseville

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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-Roseville 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.

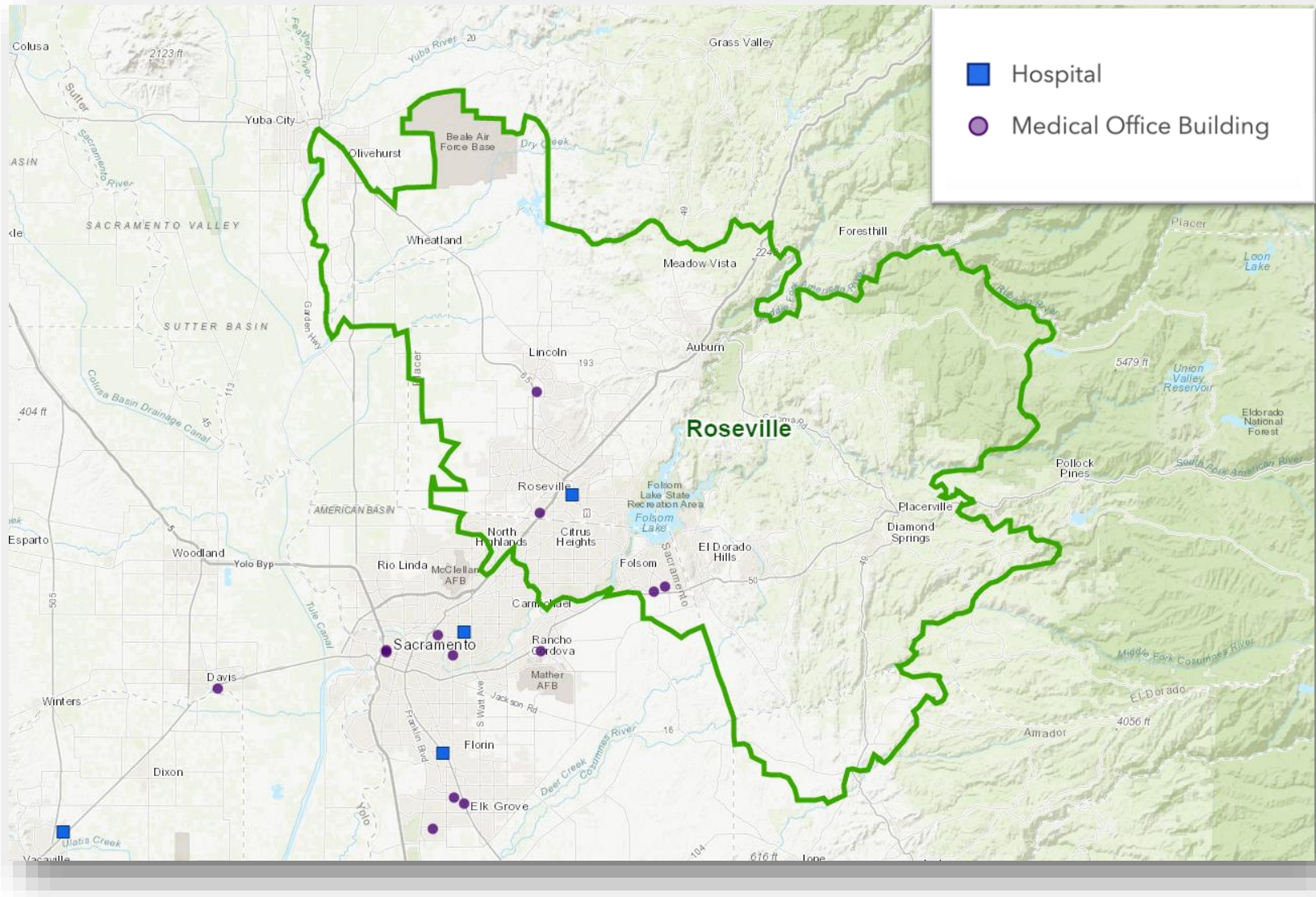
G. Demographic Profile of Community Served by KFH-Roseville

Total Population	827,023
White	80.4%
Black/African American	2.6%
Asian	7.1%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	3.6%

Multiple Races	5.3%
Hispanic/Latino	14.3%
Total Living in Poverty (<100% FPL)	10.4%
Children Living in Poverty	12.9%
Unemployment Rate	3.5%
Uninsured Population	8.1%
Adults with No High School Diploma	7.6%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in the Sacramento Valley.

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

The following are the health needs KFH-Roseville 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 quality health care includes affordable health insurance and utilization of preventive care, with the goal of reducing the risk of unnecessary disability and premature death. This is the first year that Economic Security was identified as a priority health need for Roseville. In the KFH-Roseville service area, access to comprehensive care for women and children has specifically risen to the top as a priority. In the 2019 KFH-Roseville CHNA report, Women and Children’s Well-being was a separate health need; however, this is integrated in access to care for the implementation strategies. The CHIC prioritized this health need because of identifying access to care at the core of Kaiser Permanente’s work and the opportunity to leverage organizational assets to address this need in the community. The CHIC also expressed commitment to addressing existing disparities and inequity related to access to care in the community found in the CHNA data.

2. Economic Security

Economic security means having the financial resources, public supports, career and educational opportunities, and housing accommodations necessary to live one’s fullest life. This is the first year that Economic Security was identified as a priority health need for the Roseville service area. This health need was prioritized by the CHIC given the large disparities and inequity in the community related to economic security reflected in the CHNA qualitative and quantitative data. The Committee also felt that there were some clear internal and collaborative strategies that could be leveraged to address this need.

3. Healthy Eating, Active Living

Healthy eating and active living (HEAL) relates to the ability of residents to positively shape their health outcomes through a focus on nutrition and exercise. Many factors outside of individuals’ control also shape these behaviors, such as access to safe parks and affordable vegetables. HEAL also impacts the rates of many chronic conditions like

cardiovascular disease, stroke, and cancer. The CHIC prioritized this health need because of barriers to HEAL identified in the qualitative and quantitative CHNA data. The data also reflected striking disparities within the Roseville service area that limit HEAL opportunities for low income community members who may not have access to healthy food and reliable transportation, for example.

4. Mental and Behavioral Health

Mental and behavioral health are foundations for healthy living and encompass indicators such as rates of mental illness, access to social and emotional support, and access to providers for services related to preventive care and treatment for mental health and substance abuse. The CHIC expressed concern related to the mental and behavioral health needs of the Roseville service area, as reflected in the qualitative and quantitative CHNA data. Community members identified increasing mental health needs in the community that have exacerbated existing disparities and affect equitable access to needed services.

B. Health Needs Not Addressed

One health need prioritized in the 2019 KFH-Roseville CHNA report will not be addressed in the 2020-2022 Implementation Strategy: Women and Children's Well-being. Roseville CHIC members ranked it lowest among the health needs during the prioritization process. This health need was not selected as a standalone priority, based on the 2019 CHNA data. Rather, KFH-Roseville and the Roseville CHIC members decided that, there was ample evidence that women and children should be priority populations within each of the other health needs, such as Access to Care and Economic Security.

V. 2020 Year-End Results for KFH-Roseville

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

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-Roseville

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$25,370,993
Charity care: Medical Financial Assistance Program ²	15,266,906
Grants and donations for medical services ³	194,340
Subtotal	\$40,832,240
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$28,652
Grants and donations for community-based programs ⁵	1,823,158
Community Benefit administration and operations ⁶	574,438
Subtotal	\$2,426,248
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$217
Community Giving Campaign administrative expenses	51,351
Grants and donations for the broader community ⁸	381,666
National Board of Directors fund	35,252
Subtotal	\$468,486
Health Research, Education, and Training	
Graduate Medical Education	\$1,148,885
Non-MD provider education and training programs ⁹	569,080
Grants and donations for the education of health care professionals ¹⁰	11,667
Health research	1,158,378
Subtotal	\$2,888,010
Total Community Benefits Provided	\$46,614,984

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-Roseville'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-Roseville 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-Roseville. 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-Roseville 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
<p>Access to Care</p>	<p>In 2020, there were 21 grants totaling \$302,411.67 that addressed Health Care Access and Delivery in the KFH-Roseville service area.</p>	<p>Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 22,734 Medi-Cal members and 186 Charitable Health Coverage (CHC) members in the KFH-Roseville service area. And another 10,426 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>A \$50,000 grant to County of Placer - Health & Human Services 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 \$50,000 grant~ to Community Link Capital Region (impacting KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) 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~ 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</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Economic Security</p>	<p>In 2020, there were 12 grants totaling \$140,583.00 that addressed Economic Security in the KFH-Roseville service area.</p>	<p>monitoring, infection control and responsive requests funding from their member clinics.</p> <hr/> <p>A \$125,000 grant* to Homeless Resource Council of the Sierras (HRCS) will support the following three initiatives:</p> <ol style="list-style-type: none"> 1. \$75K to fund COVID-19 transmission prevention strategies in Auburn and Roseville congregate care settings, including plexiglass dividers between bunks, upgraded washer/ dryer system to limit transmission through used linens, van for transport of COVID+ individuals to I/Q settings, and an outdoor handwashing station for unsheltered homeless at Auburn’s DeWitt Center. 2. \$25K for technical supplies for transition to telehealth at Placer County’s only shelter for domestic violence victims and an electrostatic fogger to disinfect rooms and vehicles. 3. \$25K for a countywide PPE mini-grant program, administered by HRCS, for shelter providers and homeless-serving agencies. <hr/> <p>3 Strands Global Foundation (3SGF) received a \$25,000 grant~ (split with KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) for its Employ + Empower reintegration program in which 3SGF social workers regularly meet with clients to provide direct services to help them conquer individual barriers to employment. Services include assisting clients with resources such as transportation, childcare, job and interview clothing, identification documents, mental health referrals, and more. Funds will support 60 survivors of human trafficking and individuals at highest at-risk with case management, employment readiness, job placement and retention services. Since 2016, with the support of Kaiser Permanente funding, 3SGF has successfully connected more than 214 survivors of human trafficking and at-risk youth with employment.</p>

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		<p>Folsom’s Hope received a \$25,000 grant for its Distance Learning Support Program, which supports vulnerable at-risk students during the school day. These youth live at or below the federal poverty level and the vast majority are also English Language Learners. Currently, about 95% of these students live in the Mercy low-income housing complexes or other subsidized housing in Folsom and receive free/reduced lunch. Many are struggling with food insecurity, in addition to other barriers to learning, including lack of support or help at home. Given the challenges of COVID-19, the program goal is to encourage students to stay in school by providing the support they need and helping them to see they can be successful despite the challenges of distance learning. 117593</p> <hr/> <p>Sacramento Steps Forward (SSF) received a \$50,000 grant~ (split between KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to support Sacramento County’s Built for Zero (BfZ) effort by funding a new policy and communications coordinator position. This will fill a significant gap in SSF’s current capacity as BfZ – which addresses issues such as veteran and chronic homeless – develops and accelerates. SSF, lead coordinating agency for Sacramento County’s Continuum of Care (COC), is also co-lead of the BfZ partnership with Community Solutions. SSF’s increased capacity around policy and communications will help promote the data improvement work underway with the BfZ team to inform decision makers, create greater alignment among city and county policies and funding streams, and improve coordination among homeless-serving stakeholders to drive toward the common goal of population-level reductions.</p> <hr/> <p>A \$125,000 grant~ (impacting KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to Healthy Community Forum for the Greater Sacramento Region (dba Sacramento Covered) will allow the agency to provide housing support for homeless non-member high-utilizers of Kaiser Permanente KFH-Sacramento and KFH-South Sacramento emergency departments, which have</p>

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<p>Healthy Eating and Active Living</p>	<p>In 2020, there were 12 grants totaling \$258,845.95 that addressed Behavioral Health in the KFH-Roseville service area.</p>	<p>some of the highest numbers of homeless non-members who regularly access Kaiser Permanente emergency services in Northern California Region.</p> <hr/> <p>A \$95,000 BLOC (Building Local Outreach Capacity: Increasing CalFresh Participation) grant to Placer Food Bank (PFB) will increase CalFresh participation among underserved and/or unserved populations, including seniors, SSI recipients, households with children, college students, immigrants, rural communities, and households impacted by the COVID-19 pandemic by directly assisting 200 applicants. PFB will:</p> <ol style="list-style-type: none"> 1. Execute new CalFresh outreach methods through virtual meetings and minimal in-person contact. 2. Implement new outreach referral process via a local community network under the Unite Us platform. 3. Increase CalFresh client sustainability thru increased tracking of eligibility renewals and client outreach to ensure recertification requirements are met. <hr/> <p>Placer Food Bank (PFB) received a \$25,000 grant from KFH-Roseville to support its COVID-19 Hunger Relief Disaster Response, which aims to increase access to healthy food and produce among households impacted by the pandemic through enhanced distributions to partner agencies and expanded Stop-Pop-Go touchless drive-thru distributions in Placer, El Dorado, and Nevada counties. Funding will help PFB, which experienced a 112% increase in households served since the outbreak, expand the number of community-based distribution locations from three to seven. The new locations will serve the rural areas of Cameron Park, Colfax, Foresthill, Georgetown, Pollock Pines, Sheridan, and Somerset/Pioneer. PFB will deliver and distribute an average of 10,000 pounds of food to each market location and each participating household will receive approximately 20 to 30 pounds of food (the equivalent to 17 to 25 meals).</p>

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		<p>Sierra College Foundation received a \$25,000 grant from KFH-Roseville to support its Overcoming Barriers program. When COVID-19 struck and campuses closed in March, Sierra College Foundation had to quickly find safe ways to meet students' needs. For those facing food insecurity, the on-campus Food Pantry provided a \$50 Food Gift Card, a bag of groceries, information on CalFresh, and a list of regional food banks students receive. During the grant cycle, the pantry will serve roughly 400 during a weekly drive-through distribution. Students will be screened to determine eligibility. In addition, Sierra College social media channels (reaching more than 40,000 followers) will share CalFresh information so the broader student body and surrounding communities can benefit.</p> <p>Health Education Council received a \$60,000 grant~ (split with KFH-Roseville, KFH-Sacramento, and KFH-South Sacramento) to support its Cultivating Health and Well-being program, which aims to analyze and address food-systems gaps in Roseville, and Placer County more broadly, with a focus on lower-income families and homebound seniors. It will partner with Placer County Health and Human Services, Placer Food Bank, other community-based stakeholders, and regional funders to create a new task force to look at CalFresh enrollment and emergency food access gaps.</p>
Mental and Behavioral Health	In 2020, there were 9 grants totaling \$170,833.43 that addressed Mental and Behavioral Health in the KFH-Roseville service area.	Lighthouse Counseling & Family Resource Center received a \$25,000 grant from KFH-Roseville to support its Family Wellness Initiative, which will provide culturally competent, evidenced-based, trauma-informed counseling services to increase access to quality mental health services and mitigating the impact of adverse childhood experiences (ACEs or childhood trauma). Among families and individuals served, 95% live at or below 130% of the federal poverty line; 43% are Hispanic; and 59% are from Lincoln, 25% from Roseville, and 10% from Rocklin, and the remaining 6% are scattered across various cities and towns in Western Placer County.

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		<p>Placer County Office of Education (PCOE) received a \$25,000 grant from KFH-Roseville to support its Multi-Tiered Social Emotional Behavioral program, which will serve all Auburn Unified School District (AUSD) schools (four traditional and one charter). To support student wellness, each site will develop and implement an evidence-based behavioral framework, Positive Behavioral Interventions and Supports (PBIS), to deploy trauma informed practices, including COVID prevention-related behaviors with aligned systems and data features. With this grant, PCOE expects to see a 15% reduction in in-school and out-of-school suspensions when compared to the last full school year (2018-2019) and a decrease in COVID and other related health symptoms through promotion of preventive health activities. Placer County currently has rates of adverse childhood experiences (ACEs or childhood trauma), mental illness, and youth suicidality at or just above the state average. According to PCOE data, the Auburn area and AUSD students have some of the highest mental health needs in the county.</p> <p>Roseville Joint Union High School District (RJUHSD) received a \$25,000 grant from KFH-Roseville to support its school wellness centers. RJUHSD is in the second year of implementing 8 wellness centers that work to increase access to mental health, behavioral health, and wellness services. The wellness centers focus on serving the needs of high-risk students, including those who are homeless, in foster care, on probation, and otherwise disadvantaged due to low-socioeconomic status. This project aims to provide high-quality, trauma informed mental health care and to increase its robust training program for wellness center staff.</p> <p>Stand Up Placer, a community-based organization providing comprehensive services to victims of domestic violence (DV), sexual assault, and human trafficking, received a \$25,000 grant from KFH-Roseville to support its Victim Services Project - Crisis and Mental Health Program. Since 2019, Stand Up Placer has seen an 18% increase in the number of DV victims seeking</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>assistance. The project serves all victim types, but DV is by far the most prevalent victimization. This program focuses on two core strategies:</p> <ol style="list-style-type: none"> 1. Provision of trauma-informed crisis/emergency services 2. Supportive programming using an empowerment model that promotes recovery from trauma and reduces the risk of future violence <hr/> <p>The Gathering Inn (TGI) received a \$40,000 grant from KFH-Roseville to support a mental health clinician who will treat homeless men and women in Placer County. The goal is for TGI to provide consistent, accessible mental health services in alignment with the county’s Built for Zero effort, which focuses on population-level reductions of chronic and veteran homeless. An onsite mental health clinician is a crucial service that supports long-term efforts to reduce homelessness and secure housing for clients. During the 12-month 2019-2020 grant period, 53% of TGI clients received employment assistance. In addition, of those clients who received individual mental health therapy, 47% met the Continuum of Care and Built for Zero criteria for chronic homelessness and were successfully housed.</p>