



SAN JOSE

# 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)-San Jose

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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.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$692,686,921
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$94,951
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$292,212,296
Grants and donations for medical services <sup>4</sup>	\$32,762,341
<b>Subtotal</b>	<b>\$1,017,756,509</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs <sup>6</sup>	\$692,228
Grants and donations for community-based programs <sup>7</sup>	\$85,399,347
Community Benefit administration and operations <sup>8</sup>	\$12,241,501
<b>Subtotal</b>	<b>\$102,488,621</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
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 <sup>10</sup>	\$6,607,309
National Board of Directors fund	\$742,769
<b>Subtotal</b>	<b>\$18,517,062</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs <sup>11</sup>	\$27,487,338
Grants and donations for the education of health care professionals <sup>12</sup>	\$2,315,284
Health research	\$26,843,322
<b>Subtotal</b>	<b>\$155,641,925</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,294,404,117</b>

## TABLE A ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> Amount reflects the net expenditures after scholarships for health professional education and training programs.

<sup>12</sup> 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		
<b>Northern California Total</b>	<b>\$759,827,528</b>	<b>Southern California Total</b>	<b>\$534,576,588</b>

## **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-San Jose 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.

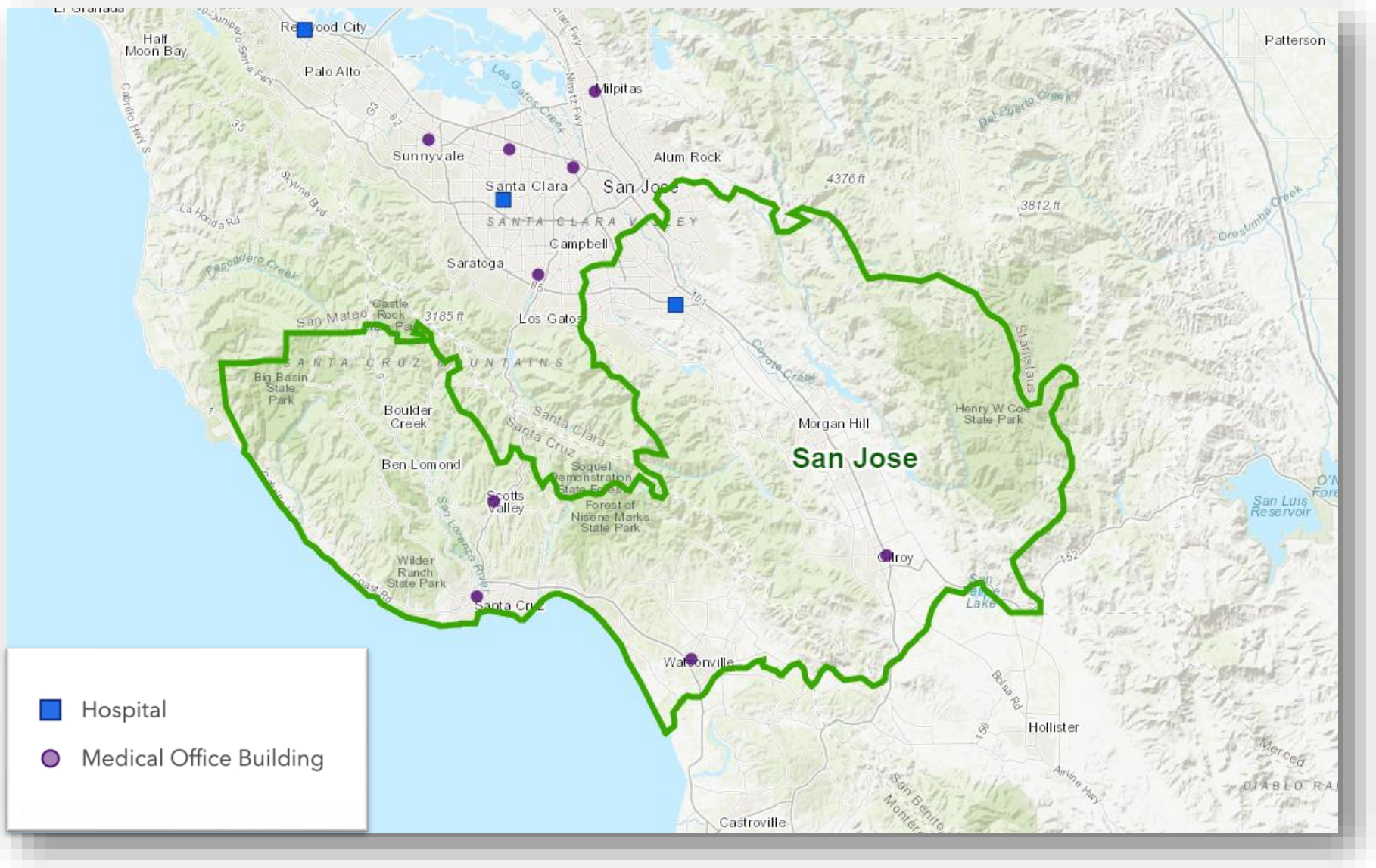
#### G. Demographic Profile of Community Served by KFH-San Jose

Total Population	509,488
White	52.0%
Black/African American	2.9%
Asian	29.6%
Native American/ Alaskan Native	0.5%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	9.3%

Multiple Races	5.5%
Hispanic/Latino	32.5%
Total Living in Poverty (<100% FPL)	8.7%
Children Living in Poverty	11.0%
Unemployment Rate	2.6%
Uninsured Population	7.9%
Adults with No High School Diploma	15.0%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

## H. Map and Description of Community Served by KFH-San Jose



The KFH-San Jose service area comprises roughly the southern half of Santa Clara County and all of Santa Cruz County and includes the major cities of Gilroy, Morgan Hill, Santa Cruz, Watsonville, and parts of San José.

## IV. Description of Community Health Needs Addressed by KFH-San Jose

The following are the health needs KFH-San Jose 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

- Barriers to receiving quality care including lack of availability, high cost, lack of insurance coverage, limited English proficiency, and lack of provider cultural competence
- Concern with attracting and retaining staff (especially those who are bilingual) to work in the health care sector due to the high cost of living in the Bay Area
- Belief that undocumented immigrants have been accessing health care less often in recent years due to the political climate and fear of being identified and deported
- Fewer federally qualified health centers serve low-income residents locally vs. the state

Health care access and delivery was selected as a need to address because it tied for highest community prioritization score with the other three needs, tied for highest local assets score with the other three needs, tied for highest evidence-based or promising approaches score with HE/AL and Mental Health and Wellness, tied for highest organizational assets score with HE/AL, and given available resources, the Community Health Improvement Committee (CHIC) believes Kaiser Permanente can make an impact.

#### 2. Behavioral Health

- One of the needs about which the service area community expressed the strongest concern
- Lack of services, including preventative mental health and detox centers, a major concern
- Higher proportion of high school youth seriously considered suicide vs. statewide peers
- Ethnic disparities in rates of suicide, suicide attempts, mental health hospitalizations
- LGBTQ residents expressed need for mental health care and suicide prevention assistance
- Economic insecurity (including housing instability) a driver of poor behavioral health

Mental health and wellness was selected as a need to address because it tied for highest community prioritization score with the other three needs, tied for highest local assets score with the other three needs, and tied for highest evidence-based or promising approaches score with HE/AL and Access. In addition, there are significant organizational assets dedicated to it, and given available resources, the CHIC believes Kaiser Permanente can make an impact.

### **3. Healthy Eating and Active Living**

- Includes access to food and recreation, diabetes, nutrition, diet, fitness, and obesity
- Concern regarding high rates of diabetes and obesity; diabetes prevalence trending up
- Community said increased stress and poverty contribute to diabetes and obesity
- Ethnic and gender disparities in diabetes management, obesity, youth physical activity
- Kids in the service area less likely to walk or bike to school than kids statewide
- Barriers to healthy eating: higher proportions of fast-food restaurants, lower proportions of grocery stores and WIC-authorized food stores vs. statewide

Healthy eating/active living was selected as a need to address because it tied for highest community prioritization score with the other three needs, tied for highest local assets score with the other three needs, and tied for highest evidence-based or promising approaches score with Access and Mental Health and Wellness. It also received the highest organizational assets score and the highest feasibility score.

### **4. Housing and Homelessness**

- Topic was the highest concern of community, including stress about high costs of housing
- Reports of increase in families seeking help from food banks, making difficult choices about how to spend remaining funds (food, medicine, health care, therapy, and housing)
- Reports of families moving within or exiting the area due to increased cost of living
- Significant ethnic disparities in income, a key factor driving housing instability
- Number of individuals & proportion of minors experiencing homelessness increased
- Lack of stable housing can prolong recovery time from diseases and surgical procedures
- Poor housing quality associated with asthma - asthma prevalence higher than state average

Homelessness was selected as a need to address because it tied for highest community prioritization score with the other three needs and tied for highest local assets score with the other three needs. In addition, there are several evidence-based or promising approaches to address it, and there are significant organizational assets dedicated to it.



## **B. Health Needs Not Addressed**

- Asthma. This need scored lower on CHNA priority and scored much lower on leveraging local assets and existence of evidence-based or promising approaches, compared to the four needs that were selected to be addressed. It also scored lower than two of the four chosen needs with regard to leveraging Kaiser Permanente assets.
- Cancer. This need scored much lower on CHNA priority and leveraging local assets compared to the four needs that were selected to be addressed. It also scored lower than three of the four chosen needs with regard to both feasibility and leveraging Kaiser Permanente assets.
- Community and Family Safety. This need scored lower on CHNA priority and leveraging Kaiser Permanente assets, and scored much lower on evidence-based or promising approaches, compared to the four needs that were selected to be addressed. It also scored lower than three of the four chosen needs on feasibility.
- Economic Security. This need scored lower on CHNA priority compared to the four needs that were selected to be addressed. With regard to evidence-based or promising approaches, leveraging Kaiser Permanente assets, and feasibility, it scored lower than three of the four chosen needs.
- Environment. This need scored lower on all five selection criteria compared to the four needs that were selected to be addressed.
- Transportation and Traffic. This need scored lower on four of the five selection criteria compared to the four needs that were selected to be addressed. With regard to the fifth criterion, evidence-based or promising approaches, it scored lower than three of the four chosen needs.

## V. 2020 Year-End Results for KFH-San Jose

### A. 2020 Community Benefit Financial Resources Provided by KFH-San Jose

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-San Jose

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$13,090,364
Charity care: Medical Financial Assistance Program <sup>2</sup>	6,339,527
Grants and donations for medical services <sup>3</sup>	794,506
<b>Subtotal</b>	<b>\$20,224,397</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>4</sup>	\$4,105
Grants and donations for community-based programs <sup>5</sup>	4,673,842
Community Benefit administration and operations <sup>6</sup>	420,451
<b>Subtotal</b>	<b>\$5,098,399</b>
<b>Benefits for the Broader Community<sup>7</sup></b>	
Community health education and promotion programs	\$159
Community Giving Campaign administrative expenses	37,586
Grants and donations for the broader community <sup>8</sup>	20,000
National Board of Directors fund	25,802
<b>Subtotal</b>	<b>\$83,547</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$2,706,123
Non-MD provider education and training programs <sup>9</sup>	1,011,673
Grants and donations for the education of health care professionals <sup>10</sup>	0
Health research	847,856
<b>Subtotal</b>	<b>\$4,565,652</b>
<b>Total Community Benefits Provided</b>	<b>\$29,971,995</b>

## 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-San Jose'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-San Jose 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-San Jose. 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-San Jose 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><b>Health Care Access and Delivery</b></p>	<p>In 2020, there were 23 grants totaling \$1,115,660.67 that addressed Health Care Access and Delivery in the KFH-San Jose service area.</p>	<p><b>Kaiser Permanente Medicaid and Charity Care:</b> In 2020, Kaiser Permanente provided care to 9,398 Medi-Cal members and 50 Charitable Health Coverage (CHC) members in the KFH-San Jose service area. And another 5,848 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>A \$95,000 grant~ to United Way of the Bay Area (impacting KFH-Redwood City, KFH-San Francisco, KFH-San Jose, KFH-San Rafael, KFH-Vacaville, and KFH-Vallejo) 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~ Community Health Partnership of Santa Clara and San Mateo (CHP) (impacting KFH-San Jose and KFH-Santa Clara) will member clinics' enrollment activities, expanding clinics' data and analytics capacity, and engaging consumer clinic board members in advocacy and planning efforts. CHP will use its COVID-19 funding to supply home monitoring tools for patients with diabetes who are sheltered-in-place and do not qualify for Medi-Cal, purchase PPE supplies and distribute them to clinical staff, support the CHP data/epidemiologist who will produce weekly reports for each community health center with COVID testing results, and deliver training and technical assistance to member clinic staff on domestic and interpersonal violence for themselves and to assist their patients.</p> <hr/> <p>A \$90,000 donation to Valley Churches United Missions to address the aftermath of the CZU Fire, which impacted the Santa Cruz area, burning more than 85,000 acres and destroying more than 1,483 structures, including 928 homes. Sixty-four thousand residents were evacuated and 3,049 remain</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>evacuated. Dominican and Common Spirit have made donations to support an emergency response.</p> <hr/> <p>A \$100,000 donation to Dientes Community Dental Care to support expanded access to high-quality, comprehensive, and affordable oral healthcare for Santa Cruz County’s low-income population. Located at 1500 Capitola Road, Dientes is partnering to build a 3.7-acre integrated health and housing campus featuring an 11-chair dental clinic space for Dientes to serve 6,000 patients, an 18,000sf medical and behavioral health clinic for Santa Cruz Community Health to serve 10,000 patients, and 57 units of affordable, supportive housing for MidPen Housing to serve 157 residents.</p> <hr/> <p>A \$250,000 donation to Santa Cruz Community Health Centers to support a capital project, Health and Home: Building Wellness in the Heart of Live Oak. The goal is to improve the health of the community by:</p> <ol style="list-style-type: none"> <li><b>1.</b> Reducing barriers and improving primary access to care</li> <li><b>2.</b> Providing seamless integration of behavioral health screening and intervention</li> <li><b>3.</b> Providing comprehensive medical, behavioral health, and dental care for homeless, low-income, and other high-risk patients</li> </ol> <p>By 2024, the plan is to serve an additional 3,000 patients at the new Live Oak site, bringing the total served in Live Oak to 11,000 patients through 54,991 visits. Budget projections for expansion are conservatively based on total provider FTE and associated productivity as measured by visits. By 2024, the health center anticipates serving nearly 15,000 patients total through its Live Oak and Women’s Health Center clinics.</p> <hr/> <p>African American Community Services Agency (AACSA) received a \$25,000 grant (impacting KFH-San Jose and Santa Clara) to implement Family Health Services (FHS), which was designed to improve health outcomes for low-</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>income children, youth, and their parents who are at risk for poor health due to lack of access to services. Funding will allow FHS to serve an approximately 479 low-income, disenfranchised, ethnically diverse individuals in San Jose.</p> <hr/> <p>Asian Americans For Community Involvement of Santa Clara County (AAC) received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its Patient Navigation Program, which provides culturally appropriate assistance in the patients' preferred language at AACI's two clinic sites in San Jose. Patient Navigators enhance AACI's capacity to improve health care access and delivery, address social determinants of health, and remove barriers to care that low-income and immigrant patients commonly experience.</p>
<p><b>Behavioral Health</b></p>	<p>In 2020, there were 25 grants totaling \$1,128,683.43 that addressed Behavioral Health in the KFH-San Jose service area.</p>	<p>A \$98,000 grant to Caminar will support services at Broadway High School (San Jose Unified School District). Caminar will:</p> <ol style="list-style-type: none"> <li><b>1.</b> Provide individual and group mental health support to 150 trauma-impacted students</li> <li><b>2.</b> Support teachers and school staff to enhance coping, wellness, stress reduction, and trauma-responsive practices</li> <li><b>3.</b> Implement a back to school plan using best practices for trauma-informed care and COVID response</li> <li><b>4.</b> Work with school administration to implement RISE tools and resources</li> </ol> <hr/> <p>A \$98,000 grant to Encompass Community Services will support an existing partnership at Sequoia Schools (Watsonville) to advance social-emotional wellness. A unique campus shared by five County Office of Education Alternative Education programs, Encompass has a high school, a middle school, a parenting student program, and an independent study program. Encompass will:</p>



Need	Summary of Impact	Examples of most impactful efforts
		<ol style="list-style-type: none"> <li><b>1.</b> Provide mental health support and education to the student body to reduce mental health stigma</li> <li><b>2.</b> Provide monthly training on mental health and wellness and self-care for school staff</li> <li><b>3.</b> Implement a back to school plan using best practices for trauma-informed care and COVID response</li> <li><b>4.</b> Work with school administration to implement RISE tools and resources</li> </ol> <hr/> <p>A \$98,000 grant to Pajaro Valley Prevention and Student Assistance (PVPSA) will support a partnership with the leadership team at Lakeview Middle School (Pajaro Valley Unified School District). PVPSA will:</p> <ol style="list-style-type: none"> <li><b>1.</b> Complete mental health and wellness assessments for all students and provide mental health supports or referrals as indicated by the surveys</li> <li><b>2.</b> Survey school staff and teachers for mental health and wellness training recommendations and provide a series of workshops available to all staff</li> <li><b>3.</b> Implement a back to school plan using best practices for trauma-informed care and COVID response</li> <li><b>4.</b> Work with school administration to implement RISE tools and resources</li> </ol> <hr/> <p>Girl Scouts of Northern California received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for Got Choices, its gender-specific, strengths-based, year-round prevention and intervention program for girls 11 to 18. Through small group sessions, guest speakers, and high-impact leadership experiences, Got Choices supports young women in juvenile detention facilities, middle and high schools, continuation schools, shelters, migrant housing projects, and youth community centers as they develop the socioemotional skills and knowledge needed to thrive as healthy, resilient, and productive adults.</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>LifeMoves received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its BehavioralMoves program. Because trauma and other behavioral health conditions can be both a cause and a result of homelessness, LifeMoves screens homeless adults and children for behavioral health issues and connects them to onsite services to address their trauma and other behavioral health concerns. Through BehavioralMoves, the agency includes free, onsite, real-time, evidence-based behavioral health care services as part of the critical services it offers to rapidly return homeless clients to stable housing and long-term self-sufficiency.</p>
<p><b>Healthy Eating/ Active Living</b></p>	<p>In 2020, there were 24 grants totaling \$684,094.95 that addressed Healthy Eating/Active Living in the KFH-San Jose service area.</p>	<p>A \$95,000 BLOC (Building Local Outreach Capacity: Increasing CalFresh Participation) grant to Second Harvest Food Bank Santa Cruz County will support simplified innovative pathways to the application and enrollment process to 1,000 past CalFresh clients who have dropped out of the program and for the growing general population who struggle with food access due to COVID-19. Second Harvest will:</p> <ol style="list-style-type: none"> <li><b>1.</b> Support dedicated CalFresh outreach and enrollment staff at the Food Bank’s Watsonville offices.</li> <li><b>2.</b> Maximize cloud-based case management program to increase data analysis capacity.</li> <li><b>3.</b> Host a CalFresh Forum in May 2021 with at least 150 partner agencies.</li> <li><b>4.</b> Implement a texting app to encourage new and existing CalFresh clients to reapply and to ensure they remain in the program.</li> </ol> <p>A \$95,000 (BLOC) Building Local Outreach Capacity: Increasing CalFresh Participation grant~ to Second Harvest Food Bank of Silicon Valley (impacting KFH-Redwood City, KFH-San Jose, KFH-Santa Clara, and KFH-South San Francisco) will recruit, train, and support community-based partner agencies to submit CalFresh applications for their own clients and connect them to its food programs via referrals, reaching 1,700 low-income residents (e.g.,</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>seniors, college students, and immigrants) who need access to healthy food and those impacted by COVID-19. Second Harvest will:</p> <ol style="list-style-type: none"> <li><b>1.</b> Partner with 16 health care providers and clinics and approximately 100 physicians to administer universal food insecurity screening to low-income patients to ensure they have access to nutritious food in their community.</li> <li><b>2.</b> Support 33 partner agencies to complete CalFresh applications online or submit client referrals through a community outreach network partnership program.</li> <li><b>3.</b> Implement a strategic outreach campaign through its college community outreach network partners to raise awareness of food assistance programs among college students.</li> </ol> <hr/> <p>San Francisco Bay Area Planning and Urban Research Association (SPUR) received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its Double Up Food Bucks program, which was designed to reduce hunger and improve health by increasing low-income families' purchasing power, thus enabling them to buy more healthy food at grocery stores in Santa Clara County.</p> <hr/> <p>Second Harvest of Silicon Valley received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its Alleviating Hunger in Santa Clara County project, which will provide access to free nutritious food, including fresh produce, high-quality dairy and protein items, and whole grains, to approximately 200,000 low-income residents through its own food distributions and a network of more than 200 partner agencies, including schools, faith-based organizations, pantries, soup kitchens, senior centers, and more. Residents will also have access to evidence-based nutrition education and CalFresh (food stamp) outreach, education, and application assistance.</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>Healthier Kids Foundation received a \$25,000 grant~ (split between KFH-San Jose and Santa Clara) to provide its 10 Steps to a Healthier You! program to 170 parents and caregivers in Santa Clara County. This 3-workshop series will focus on implementing healthy and active lifestyles in the home to prevent and reduce childhood and adolescent obesity.</p>
<p><b>Housing and Homelessness</b></p>	<p>In 2020, there were 13 grants totaling \$652,500.00 that addressed Housing and Homelessness in the KFH-San Jose service area.</p>	<p>A \$250,000 grant to Housing Matters will support its role as the community hub for COVID-19 prevention efforts among homeless populations, offering access to PPE, testing, symptom monitoring, shelter referral for isolation, and numerous private shelter options to meet community-wide quarantine and isolation needs. As the largest provider of homeless services in Santa Cruz County, Housing Matters welcomes more than 3,000 individuals to its campus each year. Clients access co-located comprehensive services, such as intake/assessment, program referral, Hygiene Bay with public showers and bathrooms, five Housing First shelter programs including the Recuperative Care Center (a respite care facility), Santa Cruz County's Homeless Persons Healthcare Project for medical and behavioral health care, and a Dientes full-scale dental office. Funding will strengthen the coordination of systems converging at Housing Matters. With infrastructure improvements such as new fencing, seating areas, redesigning pathways and people flow, as well as signage and way-pointing, Housing Matters can maintain its current suite of services while making it easier to enforce social distancing guidelines.</p> <p>A \$150,000 grant~ to HomeFirst Services of Santa Clara County (impacting KFH-San Jose and KFH-Santa Clara) will support ongoing expenses, including establishment of additional shelter facilities to help get more people off the streets during shelter-in-place orders and utilizing those additional shelters to accommodate social distancing requirements. HomeFirst hired more than 60 new employees on a very rapid timeline. As it ramped up to bring on new staff, existing staff worked many overtime hours. As a result, HomeFirst, understanding the need to protect and incentivize staff during challenging</p>

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		<p>times, increased hourly wages to include hazard pay. Another major expense has been PPE. While much has been donated, demand continues. HomeFirst also made major changes to the main shelter, including upgraded ventilation, installing UV lights, and improving the quality and stockpile of cleaning/sanitizing products and stations throughout. Its facilities team has been trained to respond to any COVID-related incident with a deep cleaning that uses high-quality hazardous waste tools and products.</p> <hr/> <p>Next Door Solutions to Domestic Violence received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its Domestic Violence Housing First Program. Adult survivors of domestic violence (DV) will receive comprehensive case management and other support services to assist them and their families in increasing access to and retention of safe permanent housing. Support services tailored to each client’s needs will help eliminate “lack of safe housing” as a barrier to leaving an abusive relationship and assist those at risk of homelessness because of their DV situation to remain housed. Services include in-house and mobile advocacy and long-term case management services to help clients achieve long-term goals, with a primary focus on reducing/eliminating homelessness and/or barriers to obtaining/maintaining permanent housing; and support service that address other needs impacting housing stability.</p> <hr/> <p>Sacred Heart Community Service received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) for its Family Assistance Housing Program (FAHP), which provides information, referrals, and rent or deposit assistance to low-income households throughout Santa Clara County. The goal is to help the county's most vulnerable residents maintain or return to housing and work toward self-sufficiency.</p> <hr/> <p>Silicon Valley at Home (SV@Home) received a \$50,000 grant~ (split between KFH-San Jose and Santa Clara) to support its efforts to help Santa Clara</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>County’s low-income homeowners stay in their homes. Through direct policy and program advocacy as well as educational community engagement, SV@Home particularly targets individuals and families who are economically impacted by the COVID-19 public health crisis, as well as mobile home park residents already facing housing instability. SV@Home’s unique combination of policy expertise and deep local community connections positions it to effectively respond to the growing and changing public health crisis of housing insecurity and homelessness that is now compounded by the pandemic.</p>