



SAN RAFAEL

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 Rafael

Table of Contents

I. Introduction and Background

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

II. Overview of Community Benefit Programs Provided

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

III. KFH-San Rafael Community Served

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

IV. KFH-San Rafael Community Health Needs in 2020-2022

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

V. 2020 Year-End Results for KFH-San Rafael

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

I. Introduction and Background

A. About Kaiser Permanente

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

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

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

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

B. About Kaiser Permanente Community Health

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

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

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

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

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2020 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2020, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,294,404,117 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

TABLE A ENDNOTES

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

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

Table B
KAISER FOUNDATION HOSPITALS IN CALIFORNIA
Community Benefits Provided by Hospital Service Area in 2020

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

B. Medical Care Services for Vulnerable Populations

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

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

Educational Outreach Program (SCAL)

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

Youth Employment Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

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

Non-MD Provider Education and Training Programs

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

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

Health Research

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

III. KFH-San Rafael 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.

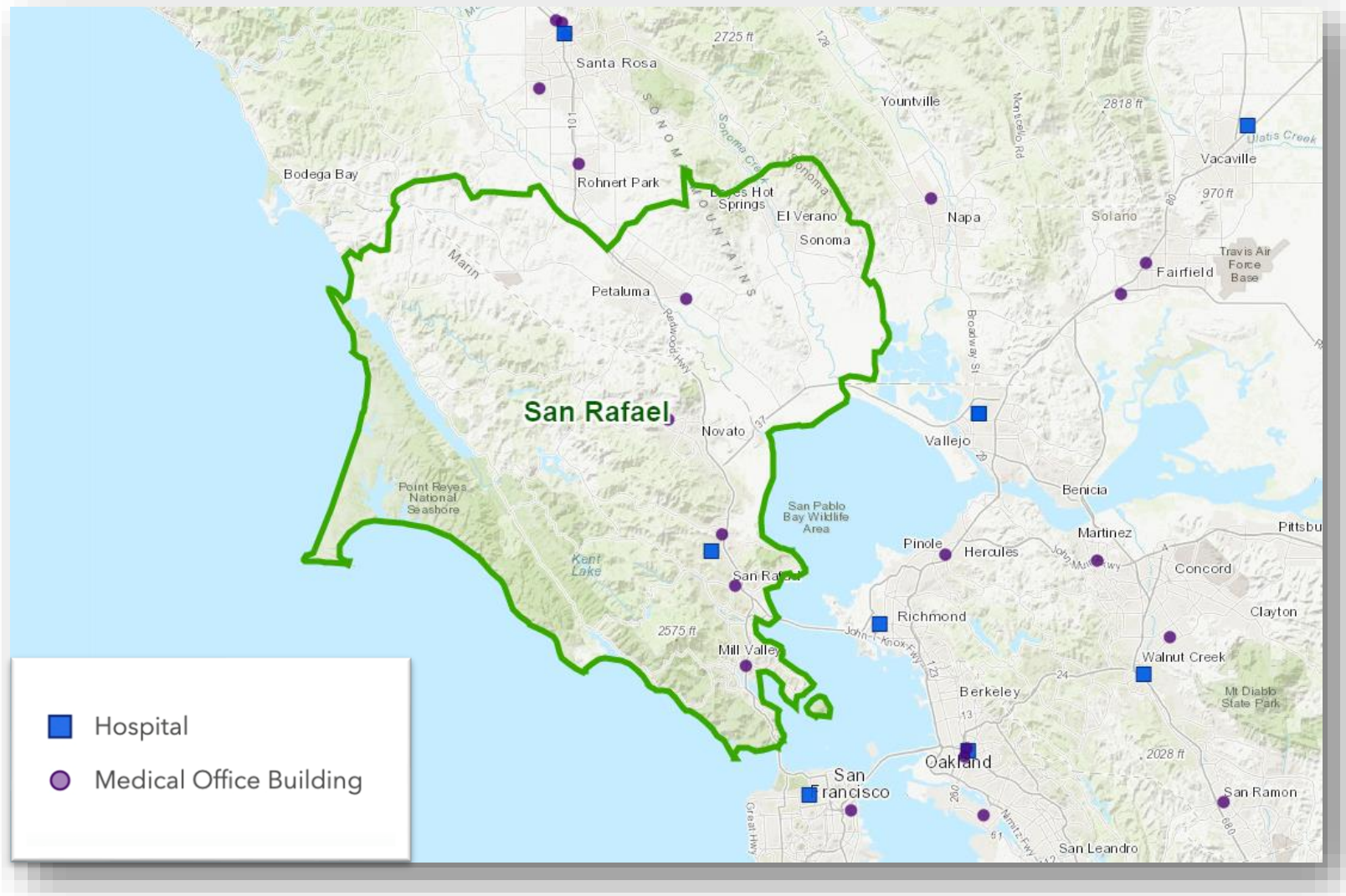
G. Demographic Profile of Community Served by KFH-San Rafael

Total Population	368,184
White	79.3%
Black/African American	1.9%
Asian	4.9%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	9.2%

Multiple Races	4.2%
Hispanic/Latino	18.0%
Total Living in Poverty (<100% FPL)	8.5%
Children Living in Poverty	10.6%
Unemployment Rate	2.4%
Uninsured Population	7.2%
Adults with No High School Diploma	8.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma, Boyes Hot Springs, and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

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

The following are the health needs KFH-San Rafael 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 and Coverage

Access to Care and Coverage was prioritized for the CHIS primarily because of alignment with regional community benefit initiatives. Access to health care includes insurance coverage, physician access, and availability and affordability of emergency and specialty health services. Access to quality health care is important to overall health, disease prevention, and reducing unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as, Healthy Eating and Active Living/chronic disease prevention, Oral Health, Social Connectedness, and Maternal and Child Health. This health need has been prioritized for the CHIS due to the need for subsidized care to reduce financial barriers, diverse workforce needs, and social nonmedical integration with primary care.

2. Economic Opportunity

Economic Opportunity was prioritized for the CHIS primarily because it was the top ranked health need during the CHNA community prioritization process. Economic Opportunity means having the financial resources, public supports, and career and educational opportunities that are necessary to live your fullest life. As such, this health need touches upon every other health-related issue in the KFH-San Rafael community, from mental health to housing. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as, Healthy Eating and Active Living, Social Connectedness, and Homelessness/Housing.

3. Educational Attainment

Educational Attainment was prioritized for the CHIS primarily due to the high degree of inequality that affects youth from disadvantaged racial and ethnic backgrounds throughout their schooling. Educational attainment is a primary factor that influences individual health. It can both shape the economic opportunities that impact health outcomes, as indicated in

the Economic Security section, above as well as inform people about how to live a healthy lifestyle. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as Mental Health, Social Connectedness, and access to healthy eating and active living opportunities in school settings.

4. Mental Health and Wellness

Mental Health and Wellness was prioritized for the CHIS primarily due to the feasibility of addressing this health need through community benefit grantmaking around trauma-informed care and adverse childhood experiences (ACEs). Mental health and management of substance use 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. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area such as Healthy Eating/Active Living Social Connectedness.

B. Health Needs Not Addressed

Healthy Eating and Active Living (HEAL): This health need was not selected due to its low rank in the CHNA community prioritization. Significant attention and resources from other providers in the service area are dedicated to this health need. Additionally, the four selected health needs contain strategies that address the needs related to HEAL.

Oral Health: This health need was not selected due to its low rank in the CHNA community prioritization. Significant attention and resources from other providers in the service area are dedicated to this health need. Access to Care and Education incorporate strategies that address the needs related to Oral Health.

Social Connectedness: This health need was not selected due to its low rank in the CHNA community prioritization. Strategies within the selected needs - especially Education, Access to Care and Mental Health and Wellness - address issues related to Social Connectedness.

Violence and Injury Prevention: This health need was not selected due to its low rank in the CHNA community prioritization. Domestic violence will be addressed through the Mental Health & Wellness health need. Kaiser sponsors some initiatives related to this health need, such as its annual conference on trauma injury, and through providing high-quality care via trauma injury facilities.

Housing and Homelessness: This health need was not selected because it was viewed as a symptom of upstream social and economic factors. Housing stabilization and reducing chronic homelessness are strategies incorporated within the Economic Opportunity health need.

Maternal and Child Health: This health need was not selected because it was viewed more as a priority population that could be addressed through other selected health needs. The strategies identified within Access to Care will largely address the needs related to Maternal and Child Health. Additionally, there is significant existing attention and resources dedicated to this issue in the community.

V. 2020 Year-End Results for KFH-San Rafael

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

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 Rafael

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,488,056
Charity care: Medical Financial Assistance Program ²	4,520,862
Grants and donations for medical services ³	331,806
Subtotal	\$14,340,724
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$4,105
Grants and donations for community-based programs ⁵	1,892,179
Community Benefit administration and operations ⁶	232,911
Subtotal	\$2,129,196
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$88
Community Giving Campaign administrative expenses	20,821
Grants and donations for the broader community ⁸	75,000
National Board of Directors fund	14,293
Subtotal	\$110,202
Health Research, Education, and Training	
Graduate Medical Education	\$278,517
Non-MD provider education and training programs ⁹	1,289,917
Grants and donations for the education of health care professionals ¹⁰	0
Health research	469,675
Subtotal	\$2,038,109
Total Community Benefits Provided	\$18,618,231

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 Rafael'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>Access to Care and Coverage</p>	<p>In 2020, there were 15 grants totaling \$258,960.67 that addressed Access to Care and Coverage in the KFH-San Rafael service area.</p>	<p>Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 8,629 Medi-Cal members and 82 Charitable Health Coverage (CHC) members in the KFH-San Rafael service area. And another 3,419 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p>Operation Access: In 2020, with the participation of 37 volunteer physicians, KFH-San Rafael provided 174 outpatient medical services (surgical and diagnostic) to Operation Access clients.</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 to Redwood Community Health Coalition (RCHC) (impacting KFH-Sacramento, KFH-San Rafael, KFH-Santa Rosa, KFH-Vacaville, and KFH-Vallejo) will support funding to continue building advocacy and communications capacity; supporting health center population health programs; and supporting data, analytics and technology infrastructure to provide high-quality care and measure outcomes. RCHC will use its COVID-19 funding to host at least 12 COVID-19 response planning and coordination calls with member health centers, offer member clinics funds to buy PPE and other infection control equipment, increase their outreach and counseling to patients regarding COVID-19, and coordinate contact tracing with local public health agencies. In each case, participating clinics will be required to sign an MOU.</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>RotaCare Bay Area, Inc. received a \$25,000 grant to help RotaCare Clinic of San Rafael provide free medical care for those with the greatest need and the least access to health care resources. Funding for this grant period will be used to connect approximately 600 uninsured or underinsured adults with free medical care, improving individual and community health. RotaCare Clinic of San Rafael provides medical services to people over age 18 living in Marin County and neighboring communities who face financial barriers to health care.</p>
<p>Economic Opportunity</p>	<p>In 2020, there were 7 grants totaling \$140,950.00 that addressed Economic Opportunity in the KFH-San Rafael service area.</p>	<p>A \$150,000 grant* to County of Marin Health and Human Services - Whole Person Care Unit will help the organization issue an RFP for a federally qualified health center to start a street medicine mobile medical outreach van. Medical outreach is currently absent from the various types of outreach services available to people experiencing homelessness in Marin and can be an important first contact point especially for those distrusting of or disconnected from systems of care. This street medicine service would include COVID screening and testing, basic primary care prevention and treatment services, and would be coordinated with mental health and housing outreach services already in operation.</p> <hr/> <p>Homeward Bound receive a \$25,000 grant to serve approximately 710 vulnerable low-income people struggling with homelessness and economic hardship in Marin. The target population includes working families, seniors with limited mobility, transition-age youth, veterans, and individuals with serious mental illness. The goal is to connect a greater number of clients to public benefits, mental health services, nutrition assistance, life skills coaching, financial literacy education, childcare, and other vital resources to help them overcome barriers to finding and keeping a home and to support their long-term housing stabilization.</p> <hr/> <p>La Luz Center received a \$50,000 grant to help lower income people achieve financial security and to foster an inclusive, thriving local business ecosystem</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>by connecting primarily Latinx families with wraparound services, intentional job readiness training, and access to capital for new and existing businesses. Funding will support the economic stability of 1,625 Sonoma Valley residents to help them attain healthy, financially secure, and safe futures. La Luz’s Strengthening Community program addresses and prevents some of the upstream social and institutional inequities Sonoma Valley residents face while simultaneously working to intervene and decrease the downstream physical effects of health disparities.</p>
<p>Educational Attainment</p>	<p>In 2020, there were 4 grants totaling \$100,000.00 that addressed Educational Attainment in the KFH-San Rafael service area.</p>	<p>Canal Alliance received a \$50,000 grant for its UP! program, which helps Latino youth from low-income families build their academic and leadership skills, graduate high school, and complete a 4-year college degree and provides case management support and scholarship assistance for students throughout their college careers. The COVID-19 pandemic has exacerbated the educational equity gap for low-income Latino students and has surfaced many additional inequities and barriers that impact school performance and academic success. Despite the challenges presented by COVID-19, UP! will continue to offer a full range of services to a cohort of 93 middle and high school students during the 2020-2021 academic year. Through this program, Canal Alliance not only addresses the needs of student but also provides social services and supports for the parents to best equip the family to create the optimal learning environment.</p> <p>Community Action Marin received a \$25,000 grant for its Early Childhood Education Family Childcare Workforce project, which connects people from lower-income backgrounds to quality careers to promote upward economic mobility by creating a comprehensive early childhood care and education pathway that trains individuals to become licensed family childcare providers, primarily in the Canal, West Marin, and Marin City communities. The project addresses the dire need for infant/toddler care in Marin County and focuses</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>on geographic locations with the highest need for high-quality licensed childcare.</p> <hr/> <p>North Bay Children’s Center received a \$25,000 contribution to support young people from lower-income backgrounds and/or communities of color to excel in school and pursue careers by incorporating a variety of literacy, academic, and parent engagement programs designed for the specific needs and challenges faced by the target population. Grant funding will directly impact the school readiness experience of 270 low-income children and their families, primarily from Petaluma, Novato, and Sonoma Valley, who struggle with access to childcare and preschool programs in Marin and Sonoma counties.</p> <hr/> <p>Side by Side received a \$25,000 grant for its new immigrant youth intervention project, Raíces Unidas (United Roots), which will serve immigrant Latinx students at San Rafael’s Davidson Middle School who struggle with trauma and isolation. The goal is to reduce mental health and behavioral challenges that lead to school failure, social isolation, and even gang involvement. Raíces Unidas will also engage students’ families to build a supportive community, overcome language barriers, access needed resources to facilitate cultural acclimation, and cope with the social and economic impact of COVID-19 during and after the pandemic.</p>
<p>Mental Health and Wellness</p>	<p>In 2020, there were 7 grants totaling \$121,833.43 that addressed Mental Health and Wellness in the KFH-San Rafael service area.</p>	<p>Center for Domestic Peace received a \$25,000 grant to provide trauma-informed, bilingual parent/child therapy and accompanying case management to 50 families experiencing domestic violence in Marin. Therapy and case management will help build family unity by repairing the relationship rupture between non-abusing parent and child due to domestic violence, promote healing among families through the learning of new healthy behaviors, and reduce the family’s sense of isolation through increased connection with other survivors and community resources.</p>

Need	Summary of Impact	Examples of most impactful efforts
		<p>Huckleberry Youth Programs received a \$25,000 grant for its Teen Care Continuum, provides adolescents and transition-age youth 12 to 25 in San Rafael, with a range of critical opportunities that facilitate access to behavioral health services for underserved youth facing complex barriers generated by the intersectionality of age, ethnicity, language, and culture. Through outreach and prevention education, screening and assessment, and brief intervention and counseling, Teen Care Continuum works to prevent and reduce the misuse of substances. Its highly tailored approach to service delivery has been explicitly designed to reduce stigma and forge accessible pathways for young people, particularly youth of color.</p> <hr/> <p>Multicultural Center of Marin (MCM) received a \$25,000 grant to support its Cultural Healing Circles program, which provides culturally appropriate, trauma-informed support and empowerment to Latinx youth 11 to 25. Many participants have had significant adverse childhood experiences (ACEs) and many were involved in the juvenile justice system or at risk of involvement due to having family members and peers on probation. MCM seeks to expand the program in San Rafael and Novato and collect data about its impact through participant surveys.</p> <hr/> <p>North Marin Community Services received a \$25,000 grant to support its Road to Resilience project, which utilizes a trauma-informed, coordinated service delivery model to increase access to behavioral health care for vulnerable youth 12 to 25 through the Novato Teen Clinic, schools in the community, and its community-based mental health agency setting (delivered both onsite and through tele-mental health). By providing screening/assessment, brief intervention, intensive case management and integrated behavioral health services, this project aims to foster resilience and connection, while reducing global distress and the misuse of substances.</p>