



SANTA ROSA

# 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 PERMANENTE®  
*in the community*

# Kaiser Foundation Hospital (KFH)-Santa Rosa

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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

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		
<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-Santa Rosa 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.

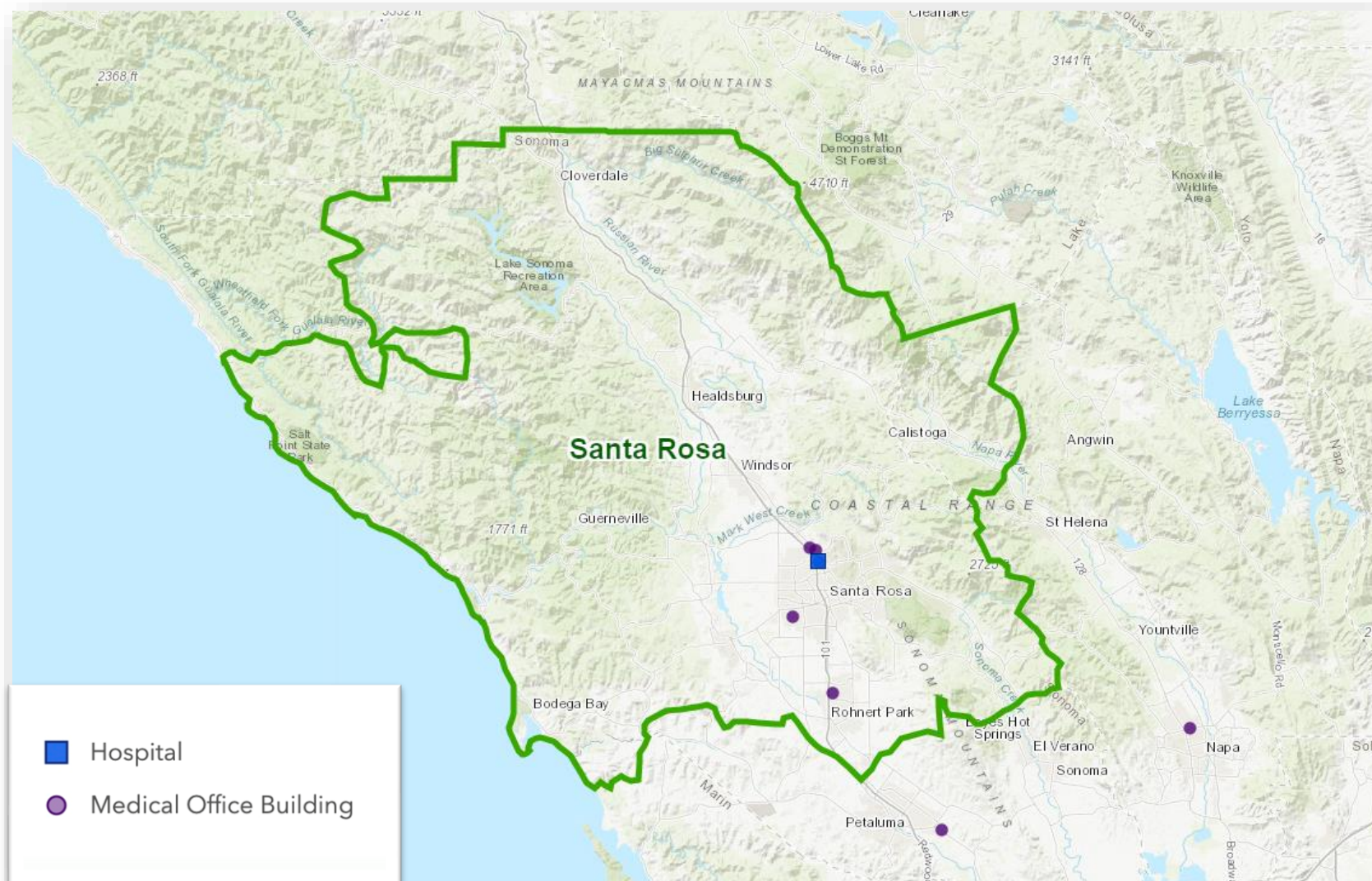
#### G. Demographic Profile of Community Served by KFH-Santa Rosa

Total Population	394,030
White	75.2%
Black/African American	1.7%
Asian	4.1%
Native American/ Alaskan Native	1.2%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	11.9%

Multiple Races	5.4%
Hispanic/Latino	27.2%
Total Living in Poverty (<100% FPL)	11.7%
Children Living in Poverty	13.8%
Unemployment Rate	2.8%
Uninsured Population	10.4%
Adults with No High School Diploma	13.2%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

## H. Map and Description of Community Served by KFH-Santa Rosa



The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, the city of Sonoma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, and Windsor.



## IV. Description of Community Health Needs Addressed by KFH-Santa Rosa

The following are the health needs KFH-Santa Rosa 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 quality health care is important for maintaining health, preventing disease, and reducing avoidable disability and premature death. In terms of preventative investments, improving healthcare access is one of the key strategies to achieving health equity. This health need has been prioritized for the CHIS to address the following needs: expanded insurance coverage; subsidized care to reduce financial barriers; a diverse workforce; improved access to primary care providers; reduced wait for services; and social nonmedical integration with primary care. In addition, investment in this health need by the Santa Rosa hospital service area aligns with other regional care initiatives, deepening the impact of the both.

#### 2. 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. Education directly impacts a person's ability to live a long and healthy life. Education has consequences for health because it shapes professional advancement and the pursuit of a stable life. Additionally, education provides the knowledge and cultural capital necessary for navigating complicated health systems and sorting through available resources to seek help. As part of the prioritization process, the definition of this health need expanded to include other important health needs in the service area. For example, economic security becomes a part of this health need with a specific focus on reducing income inequality related to education attainment. Healthy Eating and Active Living is included with two primary goals: 1) encouraging and supporting active lifestyle initiatives in schools, including physical activity programs and other enrichment activities that also increase school engagement; and 2) supporting healthy food programs that ensure students are nourished and ready to learn. Finally, Violence and Injury prevention are included, specifically focusing on sexual health, and domestic violence prevention.

### **3. Housing and Homelessness**

Housing and Homelessness was prioritized for the CHIS primarily because it was the top ranked health need during the CHNA community prioritization process. Access to safe, secure, and affordable housing is an important social determinant of health. Families with fewer financial resources are more likely to experience substandard housing conditions and the associated risks. As part of the prioritization process, the definition of this health need expanded to include the Economic Security health need from the CHNA.

### **4. Mental Health and Well Being**

Mental Health and Wellness was prioritized for the CHIS primarily due to the extreme rise in mental health needs following the 2017 Sonoma Complex Fires and the severity of substance abuse issues. 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. This health need has been prioritized for the CHIS due to the rise in tobacco use, especially recent increases of nicotine use among school aged youth with the rise of vaping.

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

CVD, Stroke, and Tobacco Use: This health need was not selected due to its low rank in the CHNA community prioritization. Additionally, the strategies identified within Access to Care and Mental Health and Wellness will address tobacco-related CVD which was one of the main areas of concern under discussed during the health need selection meeting.

Economic Security: This health need was not selected because it could be addressed through acting on upstream economic and social issues such as education. The strategies identified within Housing and Homelessness and Educational Attainment will largely address the needs related to Economic Security. When discussing the decision to prioritize Housing and Homelessness or Economic Security given their overlapping strategies, the specific need to solve for the housing crisis in Sonoma County was recognized, prioritizing Housing and Homelessness. Educational Attainment was identified as an upstream strategy for improving economic security.

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 in the service area are dedicated to this health need, including regional initiatives through Kaiser Permanente. In addition, Access to Care and Educational Attainment both contain strategies that address the high priority needs related to HEAL.



Maternal and Child Health: This health need was not selected because it was viewed as a priority population that could be addressed through the other selected health needs. The needs of this priority population will be addressed within the needs that are identified.

Violence and Injury Prevention: This health need was not selected due to its low rank in the CHNA community prioritization. Significant attention and resources in the service area are dedicated to this health need. Additionally, the strategies identified in Educational Attainment will address several of the highest needs related to Violence and Injury Prevention, including sexual health and domestic violence, as a strategy to promote healthy relationships among youth.

## **V. 2020 Year-End Results for KFH-Santa Rosa**

### **A. 2020 Community Benefit Financial Resources Provided by KFH-Santa Rosa**

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-Santa Rosa**

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$19,028,978
Charity care: Medical Financial Assistance Program <sup>2</sup>	8,944,224
Grants and donations for medical services <sup>3</sup>	797,555
<b>Subtotal</b>	<b>\$28,770,757</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>4</sup>	\$8,196
Grants and donations for community-based programs <sup>5</sup>	2,269,707
Community Benefit administration and operations <sup>6</sup>	288,764
<b>Subtotal</b>	<b>\$2,566,667</b>
<b>Benefits for the Broader Community<sup>7</sup></b>	
Community health education and promotion programs	\$109
Community Giving Campaign administrative expenses	25,814
Grants and donations for the broader community <sup>8</sup>	195,000
National Board of Directors fund	17,721
<b>Subtotal</b>	<b>\$238,644</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$1,856,777
Non-MD provider education and training programs <sup>9</sup>	925,663
Grants and donations for the education of health care professionals <sup>10</sup>	0
Health research	582,304
<b>Subtotal</b>	<b>\$3,364,744</b>
<b>Total Community Benefits Provided</b>	<b>\$34,940,812</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-Santa Rosa'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- Santa Rosa 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- Santa Rosa. 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- Santa Rosa 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	Top 3 to 5 examples of most impactful efforts
<b>Access to Care and Coverage</b>	In 2020, there were 17 grants totaling \$566,459.66 that addressed Access to Care and Coverage in the KFH-Santa Rosa service area.	<b>Kaiser Permanente Medicaid and Charity Care:</b> In 2020, Kaiser Permanente provided care to 15,249 Medi-Cal members and 103 Charitable Health Coverage (CHC) members in the KFH-Santa Rosa service area. And another 6,547 individuals received Medical Financial Assistance (MFA).
		<b>Operation Access:</b> In 2020, KFH-Santa Rosa provided 5 outpatient medical services (surgical and diagnostic) to Operation Access clients.
		A \$50,000 grant to United Way of the Wine Country 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.
		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.
		Jewish Community Free Clinic (JCFC) received a \$25,000 grant to provide free health care and social services, including mental health, women's health exams, acupuncture treatments, and school and work physicals to the

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		underserved. As the primary focus of JCFC's operations, these services will be provided both onsite and through telehealth and will assure increased access to affordable health care for at-risk low-income clients. JCFC serves the uninsured and underinsured and helps to increase access to critical services to thousands of low-income clients each year. The patients JCFC serves are essential workers, unemployed, underemployed, disabled, undocumented, single parents, or individuals working low-wage part-time jobs (the working poor), who face countless barriers stemming from a lack of resources to cover basic human needs.
<b>Educational Attainment</b>	In 2020, there were 2 grants totaling \$50,000.00 that addressed Educational Attainment in the KFH-Santa Rosa service area.	<p>Marin Education Fund (dba 10,000 Degrees) received a \$25,000 grant for its College Access, College Success, and Fellowship programs, which support high school seniors and community college students from low-income backgrounds who attend Elsie Allen, Healdsburg and Piner high schools and Santa Rosa Junior College. These programs will provide:</p> <ol style="list-style-type: none"> <li>1. Comprehensive wraparound support and near-peer coaching to 60 Sonoma high school seniors as they navigate the college admissions and financial aid application processes</li> <li>2. Community-based college knowledge and financial aid workshops to reach an additional 2,000 local high school students and their family members</li> <li>3. Ongoing personalized college success support, including help with transfer to a 4-year college or university and financial aid management to 349 Santa Rosa Junior College students</li> </ol> <p>Community Child Care Council of Sonoma County (4Cs) received a \$25,000 grant to support expansion of its Child Care Initiative Project (CCIP). Funding will help 4Cs recruit and train 75 bilingual women of color to open and operate small, licensed family childcare businesses, care for children of working families, and promote ongoing education in child development and business operations. The main project goal is to increase the supply of</p>

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		<p>childcare in Sonoma County. A secondary goal is to support women - particularly women of color - to open small successful businesses that will support their families and help them take their first steps into child development education.</p>
<p><b>Housing and Homelessness</b></p>	<p>In 2020, there were 6 grants totaling \$350,000.00 that addressed Housing and Homelessness in the KFH-Santa Rosa service area.</p>	<p>A \$150,000 grant to Society of St. Vincent de Paul, District Council of Sonoma Inc. (SVDP) will support SVDP as a frontline provider and partner to Sonoma County in the fight to protect people-experiencing-homelessness during COVID-19. Los Guilicos Village is home to 60 tiny homes housing a population of about 85 people. The number varies depending how many people are paired with Section 8 Housing Choice Vouchers and transitioned into permanent housing, which results in their unit being repopulated by a new person or couple. Similarly, SVDP oversees operation of 14 trailers housing twenty-five unique individuals at the non-congregate shelter site at Sonoma County Fairgrounds. SVDP provided staffing support to the recently closed non-congregate site at Sonoma State University and is actively working with the county to expand capacity at current sites. Finally, SVDP is using the St. Vincent de Paul Commons site as a temporary shelter for individuals with behavioral issues and people who are in transition into housing. This supports smooth and cohesive operations at the other three sites. At the Los Guilicos Village and NCS Fairgrounds sites, SVDP provides regular and routine education, prevention, and testing relating to COVID-19. Due to quality standards, partnerships, and protocols, no resident has become ill or tested positive for COVID-19 to-date.</p> <p>A \$250,000 grant* to Community Action Partnership (CAP) of Sonoma County Disaster Recovery project will provide case management and recovery funds to those affected by the 2017 wildfires, 2019 winter floods, 2019 Kincadee fire, and the COVID 19 pandemic who have been identified as having the most limited access to resources including the very low-income, elderly, disabled, families with children and homeless or those at risk of homelessness. The</p>



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		<p>unmet needs fund made available through CAP and coordinated at Rebuilding Our Community (ROC is now a trusted resource for vulnerable community members who need immediate and critical assistance meeting insurance deductibles or basic living expenses while recovering from disaster. The goal is to get people back to the condition they were in prior to the fire and involves individuals working with case managers at one of four nonprofit organizations that share client information. Case managers ensure individuals access all available government, insurance, and community support. After exhausting those resources, the unmet needs fund fills the gap.</p> <p>A \$500,000 grant* to Legal Aid of Sonoma County will support its Disaster Law Project, which was designed to help low and moderate-income people impacted by the 2017 and 2019 fires and the COVID-19 pandemic, to recover their housing, health, and economic stability through legal advocacy. Legal support will help them with fire insurance claims, contractor issues, COVID related employment issues, public benefits access, and eviction prevention.</p> <p>A \$1M grant* to Santa Rosa Junior College Foundation (SRJC) will support its Affordable Student Housing Project, founded immediately after the October 2017 wildfires that destroyed the homes of nearly 1,000 SRJC students and exacerbated the struggles of a community already dealing with exorbitant housing prices and widespread homelessness. This community has faced multiple crises, including devastating floods, blackouts, more wildfires and evacuations in 2019, and now the consequences of COVID-19. The project specifically addresses housing insecurity among low-income students who are residents of Sonoma County. Affordable housing is critically important for Sonoma County's future, especially for the students and career-changers who will comprise the workforce and determine the region's economic outlook. SRJC's Affordable Student Housing Project, an on-campus residence set to open in Fall 2022, will prioritize low-income and first-generation college students, current and former homeless students, foster youth, disabled</p>

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		<p>students, active military, and veterans, followed by international students and student-athletes. Community grant funding will reduce project costs and the amount financed, directly impacting rent prices over the life of the project. A funding gap prevented the project from moving forward, but funding from Kaiser Permanente will allow construction to begin.</p> <hr/> <p>A \$500,000 grant* to UndocuFund (fiscal sponsor North Bay Organizing Project), a partnership among three Sonoma County-based grassroots organizations, will support individuals and families who have lost homes, wages, and/or employment with temporary housing, home repairs, rent, groceries, essential household items, clean-up items, medical and dental expenses, work tools and equipment, school supplies, repair of essential vehicles, moving and storage costs, funerals and burials, and other expenses. UndocuFund also prioritizes families who have COVID and must stay home to recover. An estimated 38,500 undocumented immigrants live and work in Sonoma County. Families that lost wages during the 2017 Tubbs fire and 2019 Kincadee fires, are the same population hit the hardest by COVID-19. Unlike other fire victims, these residents face bleak options. Limited English proficiency, lack of immigration status, and fear of immigration enforcement impede their access to disaster relief services, even when eligible. At the start of shelter in place, UndocuFund immediately released \$80,000 in relief dollars to 80 day laborers and domestic workers who had to stay home. Another \$90,000 was distributed to Kincadee Fire applicants who were most in need, exhausting the remaining funds. This grant will get needed resources into the hands of the most vulnerable community members and provide the capacity for a full-time staffer to implement the project.</p> <hr/> <p>A \$250,000 grant* to Generation Housing (Gen H) will support this independent housing advocacy organization launched after the 2017 Sonoma Complex Wildfire which along with the 2019 Kincaid fires exacerbated Sonoma County's existing housing crisis. COVID-19 increased the affordability</p>

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		<p>challenges due to income loss, increasing the need for affordable housing. Moreover, housing production is a powerful economic engine and job creator that can catalyze local economic recovery. A priority project for Gen H is a yearlong, countywide campaign to build public will for development of housing, particularly affordable housing. The campaign aims to shift the narrative around affordable housing to reduce opposition to and galvanize the public behind pro-housing production policies and development of desperately needed affordable housing communities. The campaign, designed by M+R, a communications firm with a proven track record of changing hearts and minds on social justice issues (e.g., Fight for 15\$, Save Darfur Now!, and I Stand with Planned Parenthood), will be executed by Gen H in broad collaboration with key community partner organizations and individuals.</p> <hr/> <p>Individuals Now, Inc. (dba Social Advocates for Youth [SAY]) received a \$25,000 grant to support and improve the lives and health of 200 homeless youth in Sonoma County by providing outreach, crisis stabilization, and wraparound services. COVID-19 has made this work even more important, as homeless youth are extremely vulnerable to the virus. SAY's Housing Continuum provides an innovative and practical solution to solving the critical issue of youth homelessness in the county. Utilizing the Housing First approach and operating within a framework of positive youth development and trauma-informed care, SAY supports youth experiencing homelessness with wraparound services designed to empower them on the pathway to becoming healthy, responsible, and independent adults.</p> <hr/> <p>West County Community Services (WCCS) received a \$50,000 grant for COVID-19 and crisis support, which will address two critical needs:</p> <ol style="list-style-type: none"> <li>1. The immediate sanitation needs of the 200+ lower Russian River homeless population by providing the region's only shower and laundry facility for homeless citizens.</li> </ol>

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		<p><b>2.</b> Provide crisis support, through existing WCCS case managers, for unmet housing, health, car repair, utility, and/or employment needs for housed individuals who are facing immediate emergencies.</p> <p>The goal is to provide support within 2 business days to keep clients from falling into homelessness and/or bridge them to longer-term solutions. The COVID-19 sanitation program will serve 200 homeless individuals in Greater Sebastopol, Forestville, the coast, and lower Russian River, as well as 10 fragilely housed families (20 people). WCCS has an MOU with West County Health Centers (WCHC), which manages the Healthcare for the Homeless (HCH) program, as well as confidentiality agreements, to share client referrals and data.</p>
<b>Mental Health and Well Being</b>	<p>In 2020, there were 12 grants totaling \$416,333.43 that addressed Mental Health and Well Being in the KFH-Santa Rosa service area.</p>	<p>A \$250,000 grant* to Humanidad Therapy &amp; Education Services will provide bilingual, culturally proficient mental health counseling services to address the unique mental health challenges prevalent in the underserved Latinx community as well as strengthen the cultural competency of therapists in utilizing remote visits. This project meets the mental health need and is key to the recovery efforts. The program's approach is culturally sensitive, trauma-informed and evidence based, with an emphasis on social/emotional wellness for reduced rates of anxiety, stress, depression, and trauma. Funding will also be used to expand virtual and telehealth visits during the shelter in place.</p> <p>A \$500,000 grant* to Santa Rosa City Schools (SRCS), which has experienced significant disruption over the past five school years due to fires, floods, school closures, lockdowns, and now COVID-19, will address critical threats to SRCS's ability to respond with support for students and staff throughout its 24 school sites. Funding will support hiring additional mental health staff, provide staff training, and improve the district's capacity to engage with and support its most vulnerable students. Funding will ensure SRCS's ability to bridge the distance created by virtual learning and to act as seed funding to bring school-based therapists and social workers into all their school sites. SRCS's</p>

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		<p>Integrated Wellness Center continues to anchor new school-based therapists and social workers who have been working to support student and staff mental health and wellness throughout the district.</p> <hr/> <p>Catholic Charities of the Diocese of Santa Rosa received a \$25,000 grant for the Emergency Assistance for Immigrant Victims of Violent Crime and Human Trafficking project, which will conduct targeted outreach, education, and U-Visa and T-Visa legal emergency protective services for 500 immigrant victims and their families. Given the current waiting list for the U-Visa and T-Visa services Catholic Charities provides and the recent changes in public charge policy, the proposed project will address a significant unmet demand for these services in the county. In addition to legal protective services, immigrant resource coordinators will leverage eligible benefits and resources for participants and their families (many of whom are mixed status) – including health coverage, basic needs, fire recovery, and financial stability services – bolstering immigrant household resilience and improving the mental, physical, and financial health of this highly vulnerable population.</p> <hr/> <p>LifeWorks of Sonoma County received a \$50,000 grant to support its El Puente (the bridge) project, which aims to increase access to social non-medical services for 175 low-income and vulnerable populations by connecting Sonoma County at-risk youth and their families with in-home, bilingual, trauma-focused therapy. With this funding, El Puente will work to ensure the availability of counseling services that improve family functioning and communication, reduce dangerous and acting out behavior, and address underlying issues.</p> <hr/> <p>Living Room Center received a \$25,000 grant to support its homeless street outreach program and increase the number of unsheltered individuals receiving meals, emergency supplies, and community linkages in Sonoma County. Staff will provide outreach 3 times a week to approximately 100</p>

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		<p>individuals per week, getting them fed, sheltered, connected to medical care, and connected to critical community resources. Through this project, 2,000 unsheltered people will be served.</p> <hr/> <p>National Alliance on Mental Illness Sonoma County (NAMI) received a \$25,000 grant for its mental health education and support project, which will provide education programs for 4,000 family members who support a loved one with serious mental illness; support groups for family members and individuals in recovery from mental illness; and a Warmline that offers emotional support, information, and resource referrals. The project also provides follow-up support for family members referred by Sonoma County Mobile Support Team (which works with law enforcement responding to mental health crises) and the Youth &amp; Family Services Team.</p>