



## WALNUT CREEK

# 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)-Walnut Creek

## 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-Walnut Creek 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-Walnut Creek Community Health Needs in 2020-2022**

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

### **V. 2020 Year-End Results for KFH-Walnut Creek**

- a. 2020 Community Benefit Programs Financial Resources Provided by KFH-Walnut Creek – Table C
- b. 2020 Examples of KFH-Walnut Creek 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.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$692,686,921
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$94,951
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$292,212,296
Grants and donations for medical services <sup>4</sup>	\$32,762,341
<b>Subtotal</b>	<b>\$1,017,756,509</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,159,122
Educational Outreach Program	\$996,423
Youth Employment programs <sup>6</sup>	\$692,228
Grants and donations for community-based programs <sup>7</sup>	\$85,399,347
Community Benefit administration and operations <sup>8</sup>	\$12,241,501
<b>Subtotal</b>	<b>\$102,488,621</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$1,091,019
Kaiser Permanente Educational Theatre	\$5,784,348
Facility, supplies, and equipment (in-kind)	\$3,609,800
Community Giving Campaign administrative expenses	\$681,817
Grants and donations for the broader community <sup>10</sup>	\$6,607,309
National Board of Directors fund	\$742,769
<b>Subtotal</b>	<b>\$18,517,062</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$98,995,981
Non-MD provider education and training programs <sup>11</sup>	\$27,487,338
Grants and donations for the education of health care professionals <sup>12</sup>	\$2,315,284
Health research	\$26,843,322
<b>Subtotal</b>	<b>\$155,641,925</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,294,404,117</b>

## TABLE A ENDNOTES

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

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



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

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

## **B. Medical Care Services for Vulnerable Populations**

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

## **C. Other Benefits for Vulnerable Populations**

### **Watts Counseling and Learning Center (SCAL)**

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

### **Educational Outreach Program (SCAL)**

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

### **Youth Employment Programs (NCAL and SCAL)**

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

## **D. Benefits for the Broader Community**

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

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

### **Kaiser Permanente Educational Theatre (NCAL and SCAL)**

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

## **E. Health Research, Education, and Training Programs**

### **Graduate Medical Education (GME)**

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

### **Non-MD Provider Education and Training Programs**

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

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

## **Health Research**

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

### III. KFH-Walnut Creek 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.

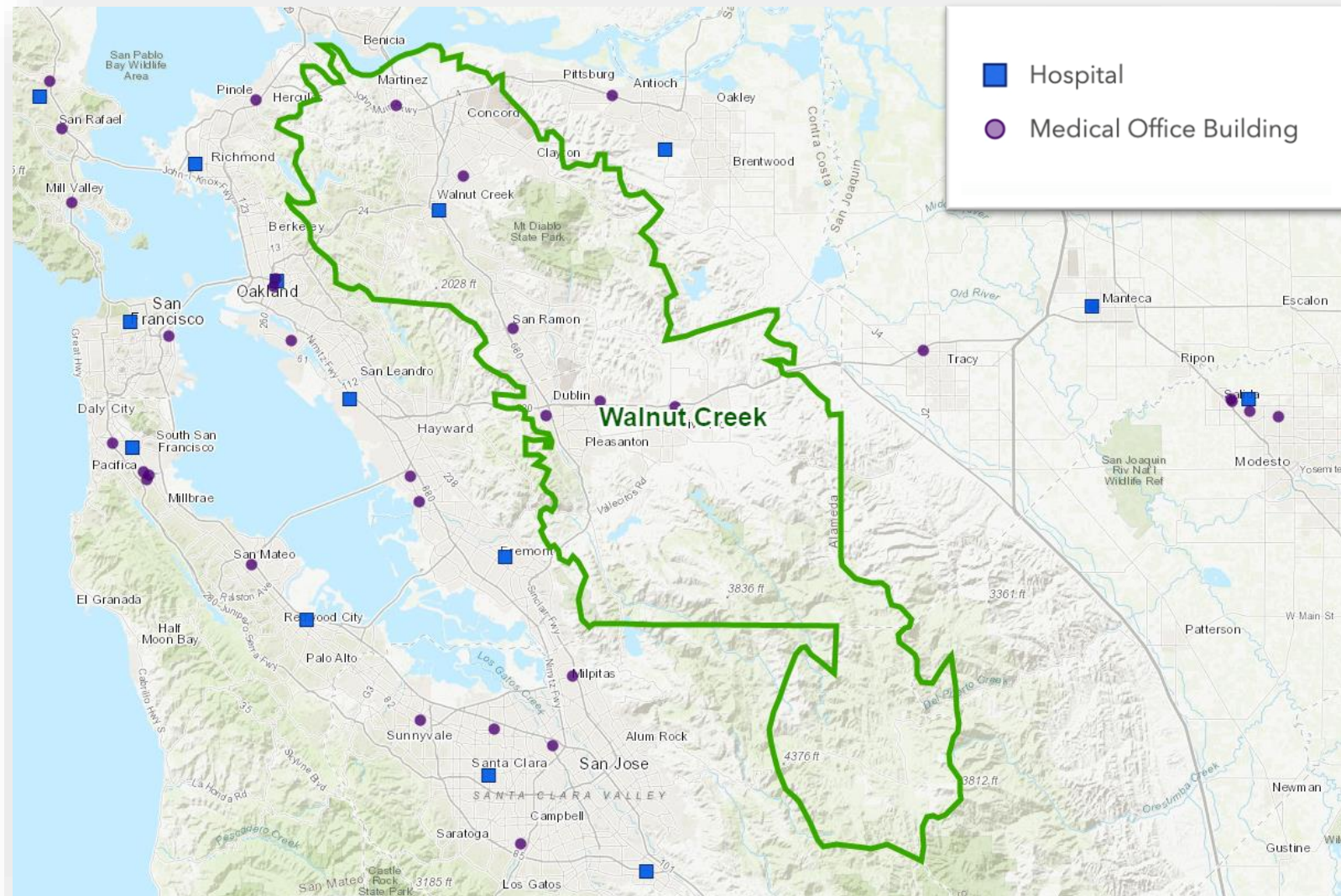
#### G. Demographic Profile of Community Served by KFH-Walnut Creek

Total Population	750,746
White	69.6%
Black/African American	2.5%
Asian	18.4%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	0.4%
Some Other Race	3.3%

Multiple Races	5.4%
Hispanic/Latino	14.5%
Total Living in Poverty (<100% FPL)	6.2%
Children Living in Poverty	6.3%
Unemployment Rate	3.0%
Uninsured Population	5.5%
Adults with No High School Diploma	5.8%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

## H. Map and Description of Community Served by KFH-Walnut Creek



The KFH-Walnut Creek service area includes communities in Contra Costa and Alameda counties. The major cities and communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and Walnut Creek in Contra Costa County.

## IV. Description of Community Health Needs Addressed by KFH-Walnut Creek

The following are the health needs KFH-Walnut Creek 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 Community Health Needs Assessment (CHNA) Report and the 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

### A. Health Needs Addressed

#### 1. Behavioral Health

The community emphasized depression and stress, as well as the co-occurrence of mental health and substance use. KFH-Walnut Creek community members also identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. Moreover, the community described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to health disparities.

Behavioral Health was the top priority to emerge from the CHNA process and also received the highest overall score from the KFH-Antioch and KFH-Walnut Creek Community Health Investment Committee. Committee members also gave this health need the highest scores for the potential of leveraging community assets, evidence-based or promising practices, ability to leverage Kaiser Permanente expertise, and feasibility of making an impact.

#### 2. Health Care Access and Delivery

Too often, common medical conditions that could be controlled through preventive care and proper management—such as asthma, cancer, and heart disease/stroke—are instead exacerbated by barriers to access, which can lead to premature death. While the service area has high rates of available primary care, dental, and mental health providers compared to the state, community experts voiced a concern that low reimbursement rates for clinicians prevent them from offering services to Medi-Cal patients. This was identified as an issue especially with respect to dental services in the KFH-Walnut Creek service area. With regard to health care delivery, many focus group participants and key informants in the KFH-Walnut Creek service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible.

Health Care Access and Delivery received the second highest overall score from the CHIC and was fourth among the CHNA priorities. Committee members scored this health need almost identically to the scores for Behavioral Health, with a marginally lower score for the existence of evidence-based and promising practices.

### **3. Economic Security**

Key informants and focus group participants in the service area discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the local area, they do not pay enough considering the high cost of living. Key informants and focus group participants also suggested that individuals with lower incomes may have a harder time accessing care and cited the stress of economic instability as one of the most pressing drivers of poor mental health.

Although Economic Security was not a top priority in the Committee's scoring and voting results, upon discussion, Committee members noted that other health needs overlap significantly with Economic Security and that it is a key driver of health. Investing in upstream prevention to improve economic security can have lasting, significant health impacts. A focus on healthy food security, job training, and supporting the homeless system of care are specific strategies that can improve economic security in the KFH-Walnut Creek area.

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

Elements of Education and Literacy, Housing and Homelessness, and Healthy Eating / Active Living were incorporated into the Economic Security health need, particularly food security, job readiness, employment assistance, and navigation/case management services for people at risk for or experiencing homelessness.

Health needs identified in the CHNA but not addressed in the Implementation Strategy include Community and Family Safety, Transportation and Traffic, and Climate/Natural Environment.

Community and Family Safety received lower scores in terms of evidence-based or promising approaches, leveraging Kaiser Permanente expertise or organizational assets, and the feasibility of making an impact. Elements of the Access to Care and Behavioral Health strategies address the needs of survivors of violence, such as addressing trauma through the educational and behavioral health systems and connecting people to social, non-medical services. This is also the case with job training strategies under Economic Security.

Transportation and Traffic and Climate/Natural Environment were both lowest on the list of CHNA priorities and on the CHIC rankings, receiving the lowest scores for feasibility, as well as for evidence-based/promising practices. Even though both affect health outcomes, CHIC members were concerned that they would not be able to make much of an impact. However, some of the improvements in health care access and delivery (such as connecting low-income children and families to care for asthma) offer potential ways to address the effects of poor air quality and pollution within the service area.



## V. 2020 Year-End Results for KFH-Walnut Creek

### A. 2020 Community Benefit Financial Resources Provided by KFH-Walnut Creek

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-Walnut Creek

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$11,814,159
Charity care: Medical Financial Assistance Program <sup>2</sup>	5,610,162
Grants and donations for medical services <sup>3</sup>	275,156
<b>Subtotal</b>	<b>\$17,699,477</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>4</sup>	\$4,105
Grants and donations for community-based programs <sup>5</sup>	2,207,370
Community Benefit administration and operations <sup>6</sup>	513,000
<b>Subtotal</b>	<b>\$2,724,475</b>
<b>Benefits for the Broader Community<sup>7</sup></b>	
Community health education and promotion programs	\$194
Community Giving Campaign administrative expenses	45,859
Grants and donations for the broader community <sup>8</sup>	0
National Board of Directors fund	31,482
<b>Subtotal</b>	<b>\$77,535</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$360,987
Non-MD provider education and training programs <sup>9</sup>	1,947,143
Grants and donations for the education of health care professionals <sup>10</sup>	0
Health research	1,034,486
<b>Subtotal</b>	<b>\$3,342,615</b>
<b>Total Community Benefits Provided</b>	<b>\$23,844,101</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-Walnut Creek’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-Walnut Creek 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-Walnut Creek. 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-Walnut Creek 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
<b>Behavioral Health</b>	In 2020, there were 9 grants totaling \$185,353.13 that	Livermore Valley Joint Unified School District received a \$25,000 grant to support parent outreach coordinators (POCs) at Marylin Avenue, Junction K-8,

Need	Summary of Impact	Examples of most impactful efforts
	<p>addressed Behavioral Health in the Walnut Creek service area.</p>	<p>and Jackson elementary schools. Work at the schools, POCs will support the existing coordination of services team (COST) and family engagement around mental health and access to care, including COVID-19 protection. POCs will also work with the county’s health and wellness consultant to coordinate parent and staff attendance at educational events on mental health and well-being, barriers to service, physical activity, COVID-19 protection, and staff well-being. All three target schools are Title 1 schools, and the school district has supported them with district resources to amplify services for students and families. POCs are bilingual, Spanish-speaking parents with a track record of acting as liaisons and cultural brokers.</p> <hr/> <p>Fred Finch Youth Center received a \$50,000 grant~ (even split between KFH-Antioch and KFH-Walnut Creek) to support <i>Planning for the Next Normal at School Playbook</i> activation through its Contra Costa School-Based Services (CCSBS) program, which serves elementary, middle, and high school students in 10 Mount Diablo School District schools. CCSBS provides trauma-informed faculty trainings and mental health services designed to help students learn to increase positive school outcomes, decrease the need for higher levels of care, and improve social and family relationships.</p> <hr/> <p>Rainbow Community Center (RCC) received a \$24,139.42 grant~ (even split between KFH-Antioch and KFH-Walnut Creek) to promote the <i>Planning for the Next Normal at School Playbook</i> to school audiences and stakeholders and to support playbook implementation specifically focused on starter plays from the mental health and wellness section of the playbook. RCC will provide trauma-informed trainings and groups virtually to schools in East and Central Contra Costa County to:</p> <ol style="list-style-type: none"> <li><b>1.</b> Increase students’ overall mental health and well-being</li> <li><b>2.</b> Increase school staff and educators' knowledge of trauma, its effects on students, and the importance of thinking and working inclusively with regard to students’ intersectionality, including racial identity and sexual</li> </ol>

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		<p>orientation, gender identity, and expression (SOGIE) and while also considering their accessibility needs, class, socio-economic status, culture, family status, etc.</p> <p><b>3.</b> Inform school staff and teachers about opportunities to practice self-care</p>
<p><b>Health Care Access and Delivery</b></p>	<p>In 2020, there were 15 grants totaling \$367,310.66 that addressed Health Care Access and Delivery in the KFH-Walnut Creek service area.</p>	<p><b>Kaiser Permanente Medicaid and Charity Care:</b> In 2020, Kaiser Permanente provided care to 9,715 Medi-Cal members and 101 Charitable Health Coverage (CHC) members in the KFH-Walnut Creek service area. And another 6,296 individuals received Medical Financial Assistance (MFA).</p> <p><b>Operation Access:</b> In 2020, KFH-Walnut Creek had 1 volunteer physician who provided outpatient medical service(s) (surgical and diagnostic) to Operation Access client(s).</p> <p>A \$50,000 grant to Contra Costa Crisis Center (impacting KFH-Antioch, KFH-Richmond, and KFH-Walnut Creek) will support core operations and services for this local 211 organization. 211 systems are a crucial resource in emergencies, such as the wildfires that have ravaged California in recent years. 211 systems facilitate the quick dissemination of information regarding evacuations, shelters, and aid, all while reducing 911's call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.</p> <p>Axis Community Health received a \$50,000 core support grant. Axis, the only federally qualified health center in Alameda County's Tri-Valley, has 5 locations in the area that provide more than 100,000 visits to 14,000 low-income patients. Funds will allow Axis to identify patients with complex health diagnoses, screen them for social non-medical needs, and provide case management in coordination with those health needs. The goal is to work with patients to improve their health status by supporting treatment plans and medication compliance through health education and by linking patients to</p>

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<p><b>Economic Security</b></p>	<p>In 2020, there were 16 grants totaling \$323,916.67 that addressed Economic Security in the KFH-Walnut Creek service area.</p>	<p>resources related to the social determinants of health, including housing, food, clothing, and/or vocational services.</p> <hr/> <p>A \$150,000 grant~/* to Contra Costa Health Services (impacting KFH-Antioch, KFH-Richmond, and KFH-Walnut Creek) will support getting homeless individuals impacted by Covid-19 (PUI or at-risk, as defined by FEMA) who currently reside in hotel rooms as part of Project Room Key into long-term housing by hiring an additional 2.0 FTE housing navigators. Contra Costa Health Services has 568 hotel rooms leased for homeless individuals impacted by Covid-19. Congregant shelters in Contra Costa County are currently closed, which has impacted the ability to move clients through the system of care. With additional housing navigation supports, CCHS will be able to create space in the hotel system for additional homeless individuals impacted by COVID-19. Contra Costa is a Built for Zero Community and CCHS is the lead agency partner in Contra Costa for the Community Solutions Collaborative.</p> <hr/> <p>A \$90,000 grant~ to Renaissance Entrepreneurship Center (impacting KFH-Antioch, KFH-Oakland, KFH-Redwood City, KFH-Richmond, KFH-San Francisco, KFH-San Jose, KFH- San Leandro, KFH-South San Francisco, and KFH-Walnut Creek) will help address the devastating impact of COVID-19 on small businesses and the people they employ, by helping lower-income entrepreneurs of color and women leverage technology, build resiliency, and pivot their operations through COVID-19 and beyond. Renaissance will deliver customized English and Spanish language small business training and individual consulting services on pivoting business models and operations; navigating resources and accessing capital; building resiliency; and technology training and access to help clients establish their businesses online and enhance their e-commerce capabilities and visibility.</p> <hr/> <p>Food Bank of Contra Costa and Solano (FBCCS) received a \$50,000 grant~ (split between KFH-KFH-Antioch and Walnut Creek) to address food insecurity</p>

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		<p>and the distribution of food to low-income individuals and families in East and Central Contra Costa County, targeting areas disproportionately affected by the COVID-19 pandemic and resulting economic crisis. Grant funds will be used to provide more than 123,000 individuals with at least 17 million pounds of shelf stable food and fresh produce through direct distributions and distributions conducted in partnership with area schools, food pantries, and soup kitchens. Pre-COVID-19, FBCCS served 178,000 people each month. Currently, 270,000 people across the county rely on FBCCS for emergency food each month.</p> <hr/> <p>Trinity Center received a \$25,000 grant to provide homelessness prevention services and mental health support to transition-age (18 to 24) youth in Central Contra Costa County. Trinity operates a diverse program that offers myriad services, including a day shelter that fulfills crucial needs for food, clothing, cleanliness, security, and support; communication tools; and access to care. Trinity is part of the Contra Costa Continuum of Care.</p>