



MODESTO

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)-Modesto

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I. Introduction and Background

A. About Kaiser Permanente

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

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

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

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

B. About Kaiser Permanente Community Health

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

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

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

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

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

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

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

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

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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

TABLE A ENDNOTES

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

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

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

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

B. Medical Care Services for Vulnerable Populations

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

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

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

Educational Outreach Program (SCAL)

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

Youth Employment Programs (NCAL and SCAL)

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

D. Benefits for the Broader Community

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

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

Kaiser Permanente Educational Theatre (NCAL and SCAL)

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

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

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

Non-MD Provider Education and Training Programs

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

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

Health Research

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

III. KFH-Modesto 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.

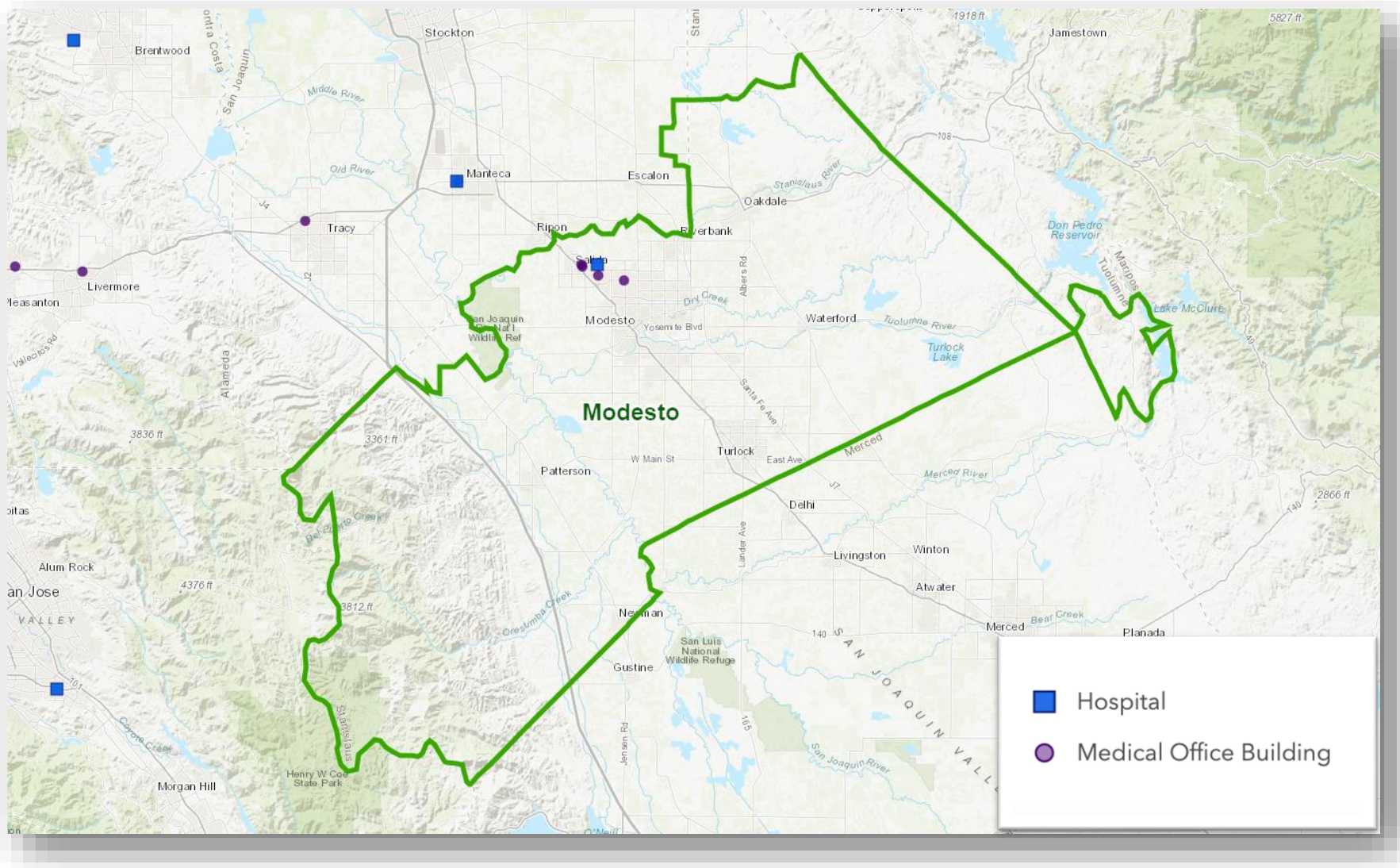
G. Demographic Profile of Community Served by KFH-Modesto

Total Population	542,353
White	74.8%
Black/African American	2.7%
Asian	5.3%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.6%
Some Other Race	11.5%

Multiple Races	4.6%
Hispanic/Latino	44.5%
Total Living in Poverty (<100% FPL)	18.3%
Children Living in Poverty	24.8%
Unemployment Rate	6.2%
Uninsured Population	11.7%
Adults with No High School Diploma	22.6%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-Modesto service area includes a large portion of Stanislaus County and the cities Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.

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

The following are the health needs KFH-Modesto is addressing during the 2020-2022 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and the 2020-2022 Implementation Strategy Report at:

<http://www.kp.org/chna>.

A. Health Needs Addressed

1. Access to Care

Access to high-quality, culturally competent, affordable healthcare and health services are essential to the prevention and treatment of morbidities and increase quality of life, especially for the most vulnerable. In the KFH-Modesto Service Area, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty rates. Latino and residents identifying as “Other” are most likely to be uninsured. The CHNA primary data revealed that immigration status as well as insufficient insurance impact access to care; lack of transportation and too few providers, particularly specialty care, mental health, and dental services, were also discussed by key informants and in the focus groups. Access to care received the third highest number of points during scoring to select the health needs to address as KP can leverage significant organizational assets for this need, particularly charitable health coverage and medical financial assistance as well as participation in Medical Managed Care.

2. Mental Health

Mental health and well-being are essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life’s difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. There are more days of poor mental health among residents in the KFH-Modesto Service Area compared to the state. Suicide deaths are also higher among non-Hispanic Whites. During the CHNA, community residents and key informants described limited access to providers and services, while linking poor mental health to low incomes, substance abuse, and homelessness. Mental Health was identified during the CHNA as one of the highest priority needs and received the fourth highest number of points during the scoring process to select the health needs to address.

3. Economic Security

Economic security and stability lay the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. Economic security contributes to good health. It facilitates access to healthcare services, healthy eating, and other factors that play a role in overall wellbeing. KFH-Modesto Service Area benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the county. Black, Native American/Alaska Native and Latino populations are among those most impacted by poverty. Homelessness, lack of employment, poor recovery post-recession, food insecurity and substance abuse relate to economic security and were mentioned as important issues by the CHNA key informants and focus group participants. Economic Security was identified during the CHNA as a medium priority need in the CHNA and received the second highest number of points during the scoring process used to select the health needs to address. As one of the service area's larger employers and organizations, Kaiser Permanente can leverage organizational business practices and workforce development initiatives to address this need.

4. Obesity/HEAL/Diabetes

A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in the KFH-Modesto Service Area as compared to the state. Physical inactivity is higher in the KFH-Modesto Service Area compared to the state, and disparities are higher among Latinos and Blacks. Poverty and lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in CHNA primary data and confirmed by secondary data. Obesity/HEAL/Diabetes was identified as one of the highest priority needs in the CHNA and received the highest number of points during the scoring process used to select the health needs to address, in part due to Kaiser Permanente's deep experience, expertise and organizational assets that can be mobilized to address this need.

B. Health Needs Not Addressed

- 1. Substance Abuse/Tobacco:** Substance abuse/tobacco received the second lowest number of points during the scoring process to select the health needs to address. This need will be addressed in part by strategies conducted under Mental Health.

- 2.** Cancers: Cancers were categorized as a medium priority during the multi voting process conducted to prioritize health needs during the CHNA. Cancer prevention is addressed in part through Kaiser Permanente’s strategies under Obesity/HEAL/Diabetes and Access to Care.
- 3.** Violence/Injury Prevention: Violence/injury prevention was categorized as a medium priority during the CHNA and received the fewest points during the scoring process to select needs to address. This need will be addressed in part by strategies conducted under Mental Health.
- 4.** Oral Health: This health need was identified as a lower priority during the CHNA. KFH-Modesto does not offer dental services and does not have oral health expertise in house.
- 5.** Cardiovascular Disease/Stroke: CVD/Stroke was infrequently mentioned as a high priority in the primary data collected for the CHNA. CVD/Stroke prevention will be addressed through many Obesity/HEAL/Diabetes and Access to Care strategies. In addition, KFH-Modesto and other area hospitals conduct ongoing CVD/Stroke prevention, education, and screening as part of their clinical and outreach activities.
- 6.** Climate and Health: Climate and health was identified as a lower priority during the CHNA, scoring lowest of all health needs in the CHNA analysis based on secondary data (in terms of severity, disparities) and qualitative data from focus groups and interviews.
- 7.** Asthma: This health need was identified as a lower priority during the CHNA. While KFH-Modesto addresses asthma in the clinical setting, there are limited organizational assets to leverage to address asthma in the broader community.

V. 2020 Year-End Results for KFH-Modesto

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

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-Modesto

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$4,968,828
Charity care: Medical Financial Assistance Program ²	2,588,242
Grants and donations for medical services ³	5,420,264
Subtotal	\$12,977,334
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$53,197
Grants and donations for community-based programs ⁵	2,411,045
Community Benefit administration and operations ⁶	228,696
Subtotal	\$2,692,939
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$86
Community Giving Campaign administrative expenses	20,444
Grants and donations for the broader community ⁸	0
National Board of Directors fund	14,035
Subtotal	\$34,565
Health Research, Education, and Training	
Graduate Medical Education	\$244,150
Non-MD provider education and training programs ⁹	191,687
Grants and donations for the education of health care professionals ¹⁰	0
Health research	461,175
Subtotal	\$897,012
Total Community Benefits Provided	\$16,601,850

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-Modesto’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-Modesto 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-Modesto. 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-Modesto 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
Access to Care	In 2020, there were 11 grants totaling \$391,794.68 that addressed Access to Care in the KFH-Modesto service area.	Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 64 Medi-Cal members and 261 Charitable Health Coverage (CHC) members in the KFH-Modesto service area. And another 7,499 individuals received Medical Financial Assistance (MFA).

Need	Summary of Impact	Examples of most impactful efforts
		<p>A \$50,000 grant to United Way of Stanislaus County 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>United Way of Stanislaus County received another \$50,000 grant to provide unlimited access to comprehensive health and human services-related information, including healthcare, preventive care, and wraparound services for low-income and vulnerable populations, meeting the needs of children, youth, and families 24/7/365. Funding will also help increase community awareness of Stanislaus County's 211 system through community events, scheduled presentations, and advertisement.</p> <p>A \$375,000 grant Central Valley Health Network (CVHN) (impacting KFH-Fresno, KFH-Manteca, KFH-Modesto, KFH-Roseville, KFH-Sacramento, KFH-South Sacramento and KFH-Vacaville) will support funding for regional, statewide, and federal policy/advocacy issues and activities that affect the federally qualified health centers in the CVHN service area for the purpose of increasing access to care; and supporting the development and retention of a strong health center workforce in the regions served by CVHN members. CVHN will use its COVID-19 funding for virtual convenings on COVID for member clinics, and for purchase of PPE and equipment for remote monitoring, infection control and responsive requests funding from their member clinics.</p>
Mental Health	In 2020, there were 5 grants totaling \$203,333.43 that addressed Mental Health in the KFH-Modesto service area.	Sierra Vista Child & Family Services received a \$90,000 grant to expand screening, counseling, and support services for 200 students experiencing trauma due to the impact of COVID-19 and/or with documented adverse childhood experiences (ACEs).

Need	Summary of Impact	Examples of most impactful efforts
		<p>West Modesto received a \$75,000 grant to provide virtual discussions and support groups offering psychoeducation and information related to COVID-19 to 350 community members, with an emphasis on vulnerable populations.</p> <hr/> <p>National Alliance for the Mentally Ill (NAMI) received a \$30,000 grant to provide 50 individuals with online access to social emotional support.</p>
Economic Security	<p>In 2020, there were 7 grants totaling \$244,550.00 that addressed Economic Security in the KFH-Modesto service area.</p>	<p>A \$150,000 grant to Modesto Union Gospel Mission, Inc. will support its services for walk-in clients and for homeless COVID-19+, PUI, and individuals designated as high-risk who are referred by area hospitals and the coordinated entry center. Modesto Gospel Mission is one of two Modesto shelters that participate in coordinated entry with Modesto County's Continuum of Care (CoC) and is the only shelter accepting COVID+ and COVID PUIs. Modesto Gospel Mission also offers a respite care program for homeless people on its compound. Modesto Gospel Mission is a CoC member and its executive director is the CoC chair.</p> <hr/> <p>What Would Jesus Do Ministries, Inc. received a \$25,000 grant to provide 12,000 individuals with access to free mobile showers and laundry services.</p> <hr/> <p>Downtown Streets Team received a \$75,000 grant to provide 21 unsheltered individuals with employment and case management support.</p>
Obesity/ HEAL/ Diabetes	<p>In 2020, there were 14 grants totaling \$426,844.95 that addressed Obesity/HEAL/ Diabetes in the KFH-Modesto service area.</p>	<p>A \$95,000 BLOC (Building Local Outreach Capacity: Increasing CalFresh Participation) grant to Center for Human Services (CHS) will increase access to food; connect seniors, monolingual Spanish-speaking immigrants, low-income/ rural, and underserved residents to essential CalFresh support via family resource centers (FRCs) and identified partner sites; and support virtual outreach and enrollment in response to COVID-19 safety concerns. CHS will:</p>

Need	Summary of Impact	Examples of most impactful efforts
		<ol style="list-style-type: none"> 1. Provide program specialist at each of four FRCs, reaching at least 2,200 individuals with enrollment assistance and food distribution (onsite or virtually). 2. Implement 12 CalFresh pop-up events that include meal and produce distribution, nutrition information, and CalFresh enrollment. <hr/> <p>Healthy Aging Association received a \$50,000 grant to provide healthy food to 300 food-insecure older adults age 60+ and provide physical activity through the Young at Heart fall prevention/strength training programs.</p> <hr/> <p>Public Health Advocates received a \$70,000 grant to provide 6,345 residents with access to and increased physical activity through park activations.</p> <hr/> <p>United Samaritans Foundation received a \$ 50,000 grant to provide 1,800 individuals with fresh produce and dairy foods through daily meals distributed in 12 communities and in food boxes distributed from 2 locations.</p> <hr/> <p>Second Harvest Food Bank received a \$50,000 grant to provide 500 at-risk students with access to fresh produce and supplemental groceries.</p>