



OAKLAND

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)-Oakland

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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-Oakland 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-Oakland

Total Population	587,090
White	47.7%
Black/African American	16.6%
Asian	20.5%
Native American/ Alaskan Native	0.6%
Pacific Islander/ Native Hawaiian	0.5%
Some Other Race	6.9%

Multiple Races	7.1%
Hispanic/Latino	17.0%
Total Living in Poverty (<100% FPL)	16.6%
Children Living in Poverty	18.8%
Unemployment Rate	2.9%
Uninsured Population	9.0%
Adults with No High School Diploma	12.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

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



The KFH-Oakland service area includes the major cities of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont in Alameda County, as well as unincorporated areas covered by the map above.

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

The following are the health needs KFH-Oakland 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. Health Care Access and Delivery

In the KFH-Oakland community, 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. Barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, and an inability to obtain preventive services. Community members highlighted health insurance access, affordability of care, and the lack of access to specialists, especially for Medi-Cal patients. The health care workforce overall was a topic frequently addressed by professionals, who cited low reimbursement rates for clinicians as a barrier to offering services to Medi-Cal patients.

Health Care Access and Delivery is an area where KFH-Oakland sees the greatest opportunities to leverage Kaiser Permanente assets, align with needs identified by community members through the CHNA process, and make an impact on the unmet needs for access that have the greatest potential to affect future health outcomes.

2. Behavioral Health

The KFH-Oakland service area community expressed the strongest concerns about depression and stress, as well as the co-occurrence of mental health and substance use. While statistical data about this need in the KFH-Oakland service area is somewhat lacking, mental health statistics for the county as a whole show that a significantly larger proportion of adults in the county (19%), compared to the state (16%), need help for behavioral health issues. The ER visit rate for severe mental illness is also significantly higher in the county (469.3 per 100,000 people) than the state (320.0). Mental health hospitalizations for children and youth in Alameda County are also significantly higher than benchmarks, and both are trending up.

KFH-Oakland community members identified trauma and adverse childhood experiences (ACEs) as potential drivers of behavioral health problems. Like Health Care Access and Delivery, Behavioral Health received high scores for the potential to leverage Kaiser Permanente assets and for the feasibility of making an impact, particularly in terms of persistent disparities in accessing care and treatment. In particular, the role of ACEs offers opportunities for screening, intervention, and prevention, as well as collaboration with schools and other systems.

3. Economic Security

Community members discussed food insecurity, the risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the service area, these jobs do not pay enough to cover the high cost of living. Individuals working low-wage jobs are among those who can least afford to miss work to attend to their health and cited the stress of economic instability as one of the most pressing drivers of poor mental health. Ethnic disparities in economic security also exist among service area residents.

While the Economic Security health need did not receive the highest scores for leveraging Kaiser Permanente assets, the feasibility of making an impact, or evidence-based and/or promising approaches, each of these criteria has scored higher in this cycle than in previous ones. In part, this is due to the recognition of the connections between economic security and many aspects of the other health needs, such as housing and homelessness, food security, safety, and education and literacy. As a result of these connected issues and the potential to amplify Kaiser Permanente's contributions through additional regional and national investments, the Economic Security health need was included as a top priority, with elements of Healthy Eating / Active Living (food security) and Education and Literacy (job training and workforce development) and Housing and Homelessness (outreach and case management to connected to coordinated entry services) included as well.

B. Health Needs Not Addressed

- 1. Healthy Eating / Active Living:** The Healthy Eating / Active Living health need received high scores from CHIC members but was a lower priority in the CHNA process. In addition, CHIC members noted that significant investments had already been made. The group agreed to incorporate one element of this health need—food security—into the Economic Security emphasis.
- 2. Housing and Homelessness:** Housing and Homelessness was ranked in the middle of the health needs by the CHIC members. This health need received lower scores than most of the other health needs (except Transportation/Traffic and Climate/Natural Environment) in terms of leveraging community assets and was also in a lowest tier in terms of the feasibility of Kaiser Permanente having an impact. Recognizing the link between Economic Security and Housing and

Homelessness, this health need was incorporated into the Economic Security priority health need and is also being addressed by national strategies in the KFH-Oakland service area.

- 3. Education and Literacy:** This health need was rated as a medium priority in the CHNA and received similar rankings in the CHIC process. Relative to other health needs, it received lower rankings for the ability to leverage Kaiser Permanente expertise or organizational assets, and for the feasibility of making an impact. However, the CHIC members included elements of Education and Literacy—notably job training and workforce development—in the Economic Security health need, as well as mental health and wellness for school-aged children under Behavioral Health.
- 4. Community and Family Safety:** This health need received relatively low rankings from CHIC members due to the availability of evidence-based or promising approaches, the ability to leverage Kaiser Permanente expertise or assets, and the feasibility of making an impact. However, some elements of Community and Family Safety are specifically addressed by strategies included in the priority health needs—particularly addressing trauma through the education and behavioral health systems, helping people navigate and access health and non-medical social services (including survivors of domestic violence and human trafficking), and supporting interventions that increase economic security and reduce homelessness (such as providing specialized educational and behavioral health services designed for those experiencing re-entry or homelessness).
- 5. Climate/Natural Environment:** This health need was recognized as a factor in health outcomes but received low scores in terms of leveraging community assets, applying evidence-based or promising approaches, leveraging Kaiser Permanente expertise and organizational assets, and feasibility of making an impact. It also received a low priority from the CHNA process.
- 6. Transportation/Traffic:** Although CHIC members recognized that transportation and traffic create barriers to health by lengthening commutes, increasing stress, and affecting access to care, they also gave this health need the lowest overall ranking of all the health needs, seeing few opportunities to leverage community or Kaiser Permanente assets, apply evidence-based or promising approaches, or feasibly make an impact.

V. 2020 Year-End Results for KFH-Oakland

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

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-Oakland

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$16,647,823
Charity care: Medical Financial Assistance Program ²	11,656,485
Grants and donations for medical services ³	2,340,557
Subtotal	\$30,644,865
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$126,836
Grants and donations for community-based programs ⁵	12,860,838
Community Benefit administration and operations ⁶	389,661
Subtotal	\$13,377,336
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$147
Facility, supplies, and equipment (in-kind)	3,609,800
Community Giving Campaign administrative expenses	34,833
Grants and donations for the broader community ⁸	0
National Board of Directors fund	23,913
Subtotal	\$3,668,693
Health Research, Education, and Training	
Graduate Medical Education	\$17,977,349
Non-MD provider education and training programs ⁹	1,793,797
Grants and donations for the education of health care professionals ¹⁰	0
Health research	785,767
Subtotal	\$20,556,914
Total Community Benefits Provided	\$68,247,808

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-Oakland’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-Oakland 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-Oakland. 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-Oakland 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
Health Care Access and Delivery	In 2020, there were 23 grants totaling \$2,029,911.68 that addressed Health Care Access	Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 10,239 Medi-Cal members and 58 Charitable Health Coverage (CHC) members in the KFH-Oakland service area. And another 11,061 individuals received Medical Financial Assistance (MFA).

Need	Summary of Impact	Examples of most impactful efforts
	<p>and Delivery in the KFH-Oakland service area.</p>	<p>Operation Access: In 2020, with the participation of 15 volunteer physicians and 24 volunteer clinical and support staff, KFH-Oakland provided 63 outpatient medical services (surgical and diagnostic) to Operation Access clients.</p> <hr/> <p>A \$50,000 grant~ to Eden Information & Referral (impacting KFH-Fremont, KFH-Oakland, and KFH-San Leandro) will support core operations and services for this local 211 organization. 211 systems are a crucial resource in emergencies, such as the wildfires that have ravaged California in recent years. 211 systems facilitate the quick dissemination of information regarding evacuations, shelters, and aid, all while reducing 911's call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.</p> <hr/> <p>A \$375,000 grant~ Alameda Health Consortium (impacting KFH-Fremont, KFH-Oakland, and KFH-San Leandro) will help the organization to ensure the ongoing sustainability and growth of the Alameda County Medi-Cal Managed Care and HealthPAC programs, which are vital components to the county safety-net health care system. AHC will use this COVID-19 funding to support to its eight community health centers to fund their pandemic-specific activities. MOUs will be obtained prior to dispersing those funds.</p>
<p>Behavioral Health</p>	<p>In 2020, there were 19 grants totaling \$3,856,083.43 that addressed Behavioral Health in the KFH-Oakland service area.</p>	<p>A \$98,000 grant to East Bay Agency for Children (EBAC) will support its existing partnership with Frick Impact Academy (Oakland Unified School District) where it provides services. EBAC will:</p> <ol style="list-style-type: none"> 1. Provide trauma-informed mental health services to 15 students 2. Provide consultation on trauma-informed practices to teachers 3. Implement a back to school plan using best practices for trauma-informed care and COVID response 4. Work with school administration to implement RISE tools and resources

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		<p>A \$98,000 grant to La Clínica de La Raza, Inc. will support its existing partnership with Roosevelt Middle School (Oakland Unified School District). La Clínica will:</p> <ol style="list-style-type: none"> 1. Provide mental health services to 85 students through La Clínica’s Integrated Behavioral Health clinician 2. Host five self-care/wellness activities reaching at least 15 staff members to build community among staff 3. Implement a back to school plan using best practices for trauma-informed care and COVID response 4. Work with school administration to implement RISE tools and resources <hr/> <p>Pacific Center for Human Growth received a \$50,000 grant for its Addressing Inequity in the Mental Health Field project. The goal is to increase the organization's ability to equitably serve queer and trans clients of color in Alameda County by increasing the number of clinicians of color providing services at Pacific Center and providing cultural responsive training to all Pacific Center staff, clinicians, and volunteers. Pacific Center plans to directly serve 16 clinical trainees, 8 clinical supervisors, 13 staff, 40 peer group facilitators, 6 Board members, and at least 65 mental health clients.</p> <hr/> <p>Alameda Unified School District (AUSD) received a \$45,000 grant for its Mental Health Supports for Alameda Youth program to support application of the Planning for the Next Normal at School Playbook: Mental Health and Well-being in the 2020-2021 school year. Funds will be used to support mental health and trauma-informed training for AUSD staff who work directly with students to ensure they recognize mental health distress and have an understanding of how to support and refer students for additional resources and interventions. A total of 3,500 students and staff will be served.</p>

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		<p>Asian Health Services (AHS) received a \$50,000 grant to increase access to behavioral health services and improve wellness for 15,000 low-income Asian and Pacific Islanders (APIs) in Alameda County. AHS' Increasing Access to Quality Mental Health Care Among APIs in Alameda County project will:</p> <ol style="list-style-type: none"> 1. Increase access to culturally and linguistically appropriate preventive BH resources 2. Increase access to substance abuse and alcohol use screenings and treatment 3. Increase understanding of the importance of mental health and wellness 4. Increase mental health screenings and referrals in underserved schools
<p>Economic Security</p>	<p>In 2020, there were 33 grants totaling \$1,840,360.00 that addressed Economic Security in the KFH-Oakland service area.</p>	<p>A \$150,000 grant to Roots Community Health Center will support its Responding to and Mitigating COVID-19 Impacts on East Oakland's Unsheltered project and expand the physical and behavioral health care services the project provides. During the current pandemic, Roots needed to expand its services to include COVID-19 testing, contact tracing, navigation, and linkages to isolation and quarantine accommodations; providing outreach and educational events; and increasing the availability of hygiene and food supplies.</p> <p>A \$125,000 grant (\$250K over 2 years) for Planting Justice (PJ) will allow it to expand its Sobrante Park nursery through acquisition of a nearby nursery and use the expanded plot to build an Aquaponics Center that will produce fresh produce to be sold to Kaiser Permanente's commissary food vendor, Food Service Providers, and provided to Sobrante Park residents through community-supported agriculture (CSA) boxes. Within five years, the Center will create 32 good quality green jobs for people facing barriers to employment - at least 75% will go to low-income Sobrante Park residents to address the persistent lack of job opportunities/training and green industry in the Sobrante Park area, while creating a model for sustainable business</p>

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		<p>incubation that could be implemented across the Bay Area and beyond. PJ will also operate a health equity center offering peer-to-peer educational programming on nutrition, holistic wellness, diabetes prevention, culinary arts, gardening, food as medicine, and workshops on indigenous and culturally rooted health practices.</p> <hr/> <p>A \$75,000 grant~ to Centro Community Partners (impacting KFH-Fresno, KFH-Oakland, KFH-Manteca, KFH-San Jose, and KFH-San Leandro) will help the agency build capacity to pivot and offer its programs and services via online platforms, thus bridging the digital divide and giving entrepreneurs of color access to entrepreneurship training, financial literacy programs, capital, and one-on-one business advisory services to promote asset building, create jobs, and address racial biases in micro-enterprise development ecosystem in the US.</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>Bay Area Community Services (BACS) received a \$250,000 grant to lead a collaborative to implement the recommendation of a recent analysis by coordinating employment and upward economic mobility interventions to</p>

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		<p>ensure that clients of Keep Oakland Housed (KOH) become gainfully employed and remain stably housed. BACS will hire a coordinator to support the KOH Employment Collaborative. Using evidence-based employment models, the Collaborative will create a framework of different models of employment support, weaving them into the housing intervention KOH has successfully implemented. The goal is to get people who are able working again right away and to engage those less able in access points across the collaborative to gain skills, upskill, and successfully land and retain employment. This project will allow BACS, in partnership with Kaiser Permanente, to lead a regional effort to bring together for the first time in this community employment and housing interventions that give community members the best success at maintaining their housing stability, which will lead to a reduction in homelessness.</p> <hr/> <p>During replacement of the Oakland Medical Office Building and Parking Structure, Kaiser Permanente purchased four single-family residences located at the rear of the construction site on Manila Avenue. As part of a commitment to the City of Oakland and the surrounding neighborhood, Kaiser Permanente recently decided to donate two of the homes to Habitat for Humanity and the other two to Oakland Community Land Trust. The total value of these in-kind donations is \$3.61 million. Both recipients are nonprofit entities focused on affordable housing in the city of Oakland.</p>