



## REDWOOD CITY

# 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)-Redwood City

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## I. Introduction and Background

### A. About Kaiser Permanente

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

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

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

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

### B. About Kaiser Permanente Community Health

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

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

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

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

### **C. Purpose of the Report**

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

## II. Overview and Description of Community Benefit Programs Provided

### A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

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

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

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

**Table A**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

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

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

## TABLE A ENDNOTES

- <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-Redwood City 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.

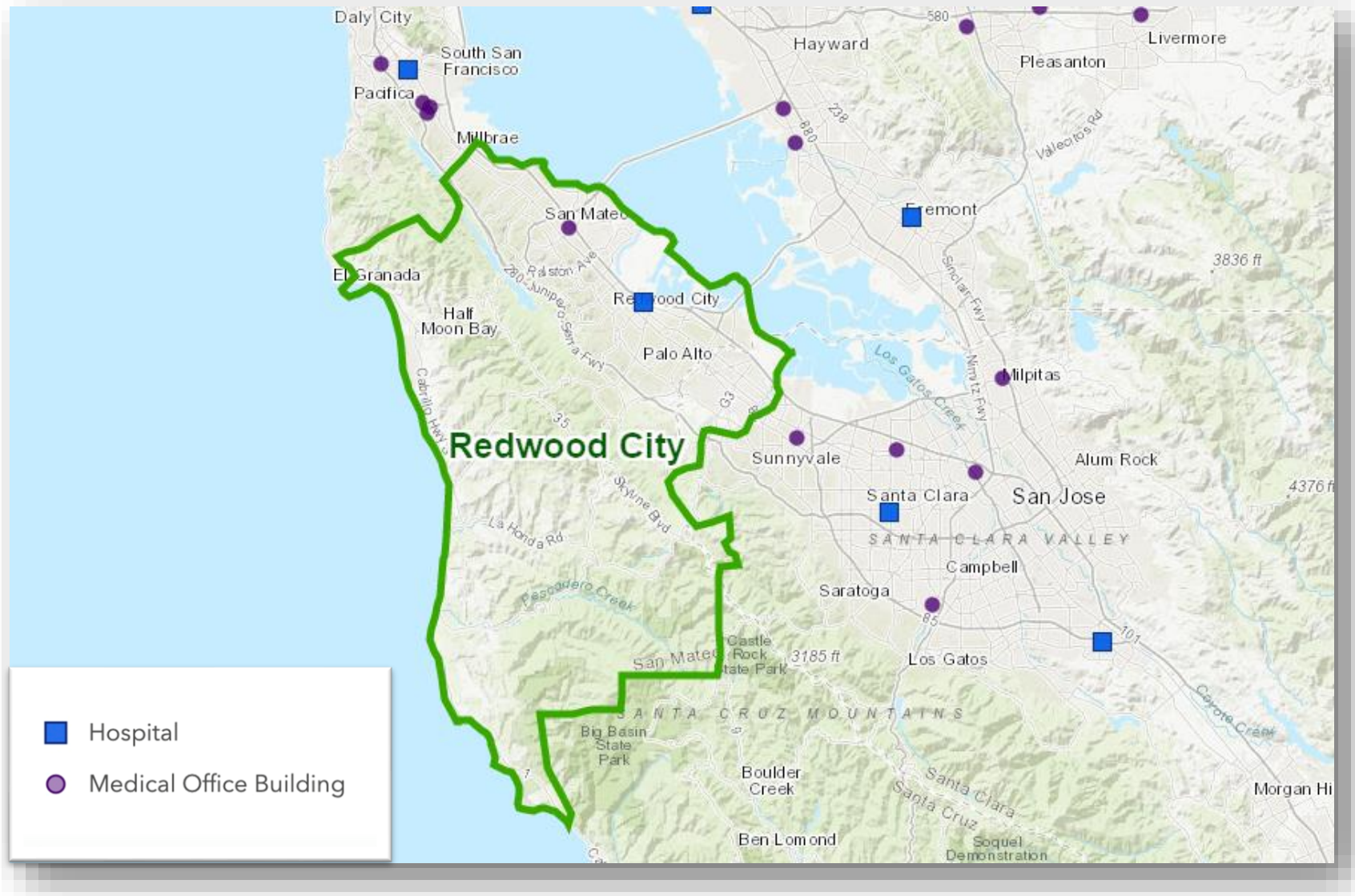
#### G. Demographic Profile of Community Served by KFH-Redwood City

Total Population	539,501
White	62.9%
Black/African American	2.4%
Asian	19.6%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	1.2%
Some Other Race	8.5%

Multiple Races	5.0%
Hispanic/Latino	22.6%
Total Living in Poverty (<100% FPL)	7.8%
Children Living in Poverty	9.5%
Unemployment Rate	2.2%
Uninsured Population	6.5%
Adults with No High School Diploma	9.7%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

## H. Map and Description of Community Served by KFH-Redwood City



The KFH-Redwood City service area covers the central, south, and coastside subarea portions of San Mateo County. Cities include but are not limited to San Mateo, Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park (some portions), North Fair Oaks, Pescadero, Redwood City, and San Carlos.

## IV. Description of Community Health Needs Addressed by KFH-Redwood City

The following are the health needs KFH-Redwood City 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

Health care access and delivery were prioritized by the KFH-Redwood City community. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence among providers. While the service area has high rates of available primary care, dental, and mental health providers overall, community input suggests that health care is often unaffordable. Latinxs (16% uninsured), Pacific Islanders (13%), and those of “Other” ethnicities (16%) have higher percentages of uninsured individuals in the service area compared to their White peers. The community indicated that undocumented immigrants are accessing health care less often in recent years due to the political climate that has resulted in a fear of being identified and deported. In addition to receiving the highest score overall, health Care Access and Delivery received the highest ranking for the potential to leverage community assets and feasibility of making an impact, and was ranked second in terms of the availability of evidence-based programs and ability to leverage Kaiser Permanente expertise and assets.

#### 2. Mental Health and Well-Being

KFH-Redwood City residents and representatives of various vulnerable groups (e.g., LGBTQI, Pacific Islanders, individuals experiencing homelessness) expressed a greater need for behavioral health care. Economic insecurity (including housing instability) was discussed as a driver of poor mental health and substance use, perhaps due to increased stress associated with financial instability. A common theme in community input was the co-occurrence of poor mental health and substance use. Community members frequently identified stigma as a barrier to both mental health care and substance use treatment, both in acknowledging the need for care (i.e., facing negative cultural perceptions/taboo, either internalized or imposed by family and/or friends) and in seeking and receiving care (i.e., experiencing stigma from providers delivering care). This health need received the second-highest overall ranking and



received high scores for the availability of evidence-based programs and potential to leverage community and Kaiser Permanente assets.

### **3. Healthy Eating/Active Living**

Healthy eating, together with active living, is a need in the KFH-Redwood City service area that was prioritized by the community. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition, and access to food and recreation. The KFH-Redwood City community expressed concern about the rising number of children and youth being diagnosed with diabetes. They also identified diabetes as an issue among individuals experiencing homelessness. Diabetes management among the service area's Medicare patients (80%) is significantly worse than the state (82%). Community input included notions about cultural differences in diet and formal exercise, lack of time (or, in some cases, space) for cooking or recreation, and issues of access to healthy food in schools, senior centers, and other institutions. This health need received the highest ranking for leveraging Kaiser Permanente expertise and assets and was also highly ranked in terms of leveraging community assets.

### **4. Economic Security (Including Housing and Homelessness)**

Economic security, as well as housing and homelessness, were of chief concern to the KFH-Redwood City community. The community emphasized the relative lack of affordable housing and the poor quality of the affordable housing that is available in the county. The community also described stress about the high costs of housing and lack of affordable rent as another major priority, thereby linking housing instability with mental health. Moreover, the community shared how economic instability and stress were increasing for those with middle incomes; community members described the growing call for help with basic needs among those with middle incomes for whom services are lacking as they do not qualify for most assistance programs. This health need was not initially highly ranked, but Committee members agreed that the urgency and impact of the issue warranted attempting to address it, especially in terms of lessening the impacts of homelessness or helping those affected access supportive services.

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

- 1.** Oral/dental health. Oral health was determined to be a lower priority from the CHNA process and could be partially addressed through overall Access to Care strategies (e.g., strengthening referral networks and navigation support, diversifying the health care workforce).
- 2.** Cancer. Cancer also was a lower priority health need in the CHNA process. As a result, it was not selected as one of the priority health needs by KFH-Redwood City. Some risk factors that are correlated with many cancers—particularly



unhealthy diets and lack of physical activity—are the focus of the Healthy Eating / Active Living priority health need. In addition, the Access to Care health need supports access to ongoing care that could lead to regular screening, which in turn supports early detection of common cancers.

- 3. Environment.** Environmental interventions—another lower priority from the CHNA process—were viewed as less feasible than others, requiring resources and a scale of intervention beyond the scope of community grant-making.

## **V. 2020 Year-End Results for KFH-Redwood City**

### **A. 2020 Community Benefit Financial Resources Provided by KFH-Redwood City**

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-Redwood City**

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

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$7,584,740
Charity care: Medical Financial Assistance Program <sup>2</sup>	5,816,113
Grants and donations for medical services <sup>3</sup>	134,857
<b>Subtotal</b>	<b>\$13,535,710</b>
<b>Other Benefits for Vulnerable Populations</b>	
Summer Youth and Inroads programs <sup>4</sup>	\$20,173
Grants and donations for community-based programs <sup>5</sup>	2,036,466
Community Benefit administration and operations <sup>6</sup>	224,207
<b>Subtotal</b>	<b>\$2,280,846</b>
<b>Benefits for the Broader Community<sup>7</sup></b>	
Community health education and promotion programs	\$85
Community Giving Campaign administrative expenses	20,043
Grants and donations for the broader community <sup>8</sup>	0
National Board of Directors fund	13,759
<b>Subtotal</b>	<b>\$33,887</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$116,229
Non-MD provider education and training programs <sup>9</sup>	694,562
Grants and donations for the education of health care professionals <sup>10</sup>	0
Health research	452,123
<b>Subtotal</b>	<b>\$1,262,913</b>
<b>Total Community Benefits Provided</b>	<b>\$17,113,356</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-Redwood City'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-Redwood City 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-Redwood City. 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-Redwood City service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple KFH service areas. Grant examples denoted with (\*) were distributed from Kaiser Permanente Northern California Community Benefit's donor advised fund (DAF), which is administered by the East Bay Community Foundation; accordingly, DAF grant amounts were not included in the community benefit totals for 2020 (Tables B and C).

In addition to the highlights in the below tables that address specific health needs, Kaiser Permanente Northern California Community Benefit implements additional community programs that address multiple health needs, including:

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
<p><b>Health Care Access and Delivery</b></p>	<p>In 2020, there were 16 grants totaling \$274,711.68 that addressed Health Care Access and Delivery in the KFH-Redwood City service area.</p>	<p><b>Kaiser Permanente Medicaid and Charity Care:</b> In 2020, Kaiser Permanente provided care to 3,861 Medi-Cal members and 71 Charitable Health Coverage (CHC) members in the KFH-Redwood City service area. And another 3,407 individuals received Medical Financial Assistance (MFA).</p> <hr/> <p><b>Operation Access:</b> In 2020, with the participation of 6 volunteer physicians and 17 volunteer clinical and support staff, KFH-Redwood City provided 18 outpatient medical services (surgical and diagnostic) to Operation Access clients.</p> <hr/> <p>A \$95,000 grant to United Way of the Bay Area (impacting KFH-Redwood City, KFH-San Francisco, KFH-San Jose, KFH-San Rafael, KFH-Vacaville, and KFH-Vallejo) will support core operations and services for this local 211 organization. 211 systems are a crucial resource in emergencies, such as the wildfires that have ravaged California in recent years. 211 systems facilitate the quick dissemination of information regarding evacuations, shelters, and aid, all while reducing 911's call volume. More recently, 211 is connecting residents to up-to-date information on COVID-19 testing and state-issued guidance.</p> <hr/> <p>Sonrisas Dental Health (SDH) received a \$40,00 grant to support the healthcare safety net through its Oral Health Access to Care Program in San Mateo County. SDH will provide dental care and treatment, oral health cleanings and screenings, oral health tool kits, and preventive oral health education, establishing a dental home (2+ visits per year) for 55 low-income, primarily minority, County residents would not otherwise have access to oral health care.</p> <hr/> <p>Samaritan House received a \$50,000 grant for its Free Clinic of Redwood City, which was created to increase access to health and dental care for the underserved to improve their overall physical, social, and mental health status; prevent disease and disability; detect and treat health conditions to</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>improve quality of life; and increase life expectancy, while alleviating demands placed on emergency rooms for episodic primary care for the uninsured. In collaboration with Samaritan House South, the core services agency for that part of the county, Samaritan House aims to reach more East Palo Alto and Belle Haven (Menlo Park) residents.</p> <hr/> <p>Coastside Hope, which provides basic life necessities with dignity and hope to all mid-coast residents, received a \$25,000 grant to support its Family Needs Safety Net Program. As the primary county-designated community assistance agency in the area, Coastside Hope works to prevent homelessness and increase food and economic security by meeting basic life needs such as food, clothing, shelter, and fundamental utilities such as electricity for vulnerable populations.</p>
<p><b>Mental Health and Well-Being</b></p>	<p>In 2020, there were 9 grants totaling \$170,333.43 that addressed Mental Health and Well-being in the KFH-Redwood City service area.</p>	<p>Puente de la Costa Sur received a \$25,000 grant for its Behavioral Health for Rural South Coast initiative. The initiative aims to increase access to mental health services for low-income youth and adults in rural San Mateo County, including La Honda, Loma Mar, Pescadero, and San Gregorio, by reducing the stigma of behavioral health services among low-income families, the LGBTQ population, Latinx immigrants, people with generational trauma, and youth with suicidal ideation.</p> <hr/> <p>Boys &amp; Girls Clubs of the Peninsula received a \$25,000 grant for its Teen Mental Health program, which addresses the needs of low-income high school students who lack access to mental health care and face significant barriers to achieving success in school (e.g., histories of serious trauma, poverty, anger, undocumented status, homelessness/housing insecurity, or foster care). By providing a full-time onsite bilingual psychotherapist at its Forest High School Clubhouse in Redwood City, the Clubs goal is to help students address mental health barriers and build positive relationships so that all students can achieve high school success.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Cleo Eulau Center For Children and Families (dba Acknowledge Alliance) received a \$50,000 grant for its Collaborative Counseling Program, which serves at-risk youth students in grades 9 thru12 who are involved in gangs, have experience with violence, have been expelled, or are on probation. Through ongoing, psycho-dynamic counseling, Acknowledge Alliance helps participants realize new possibilities for themselves, lead productive lives, and graduate high school.</p> <p>San Mateo Police Activities League (PAL) received a \$25,000 grant for its Prevention and Intervention Program, which seeks to keep underserved, economically disadvantaged, and at-risk youth 5 to17 on track, in school, and safe from negative and troubling behaviors, such as drugs, gangs, and poor choices. This PAL program provides counseling services, embedded and in-school services, and in-depth therapy at no cost and promotes behavioral and emotional wellness.</p> <p>Adolescent Counseling Services (ACS) received a \$25,000 grant for its Mental Health Access for Youth Initiative, which will provide San Mateo County youth, including LGBTQ+ youth, with a multi-pronged approach to ending depression, isolation, stress, and/or substance abuse. Services include mental health and drug/alcohol assessments, individual counseling, support groups, leadership training, and education.</p>
<p><b>Healthy Eating Active Living</b></p>	<p>In 2020, there were 13 grants totaling \$190,045.95 that addressed Healthy Eating Active Living in the KFH-Redwood City service area.</p>	<p>A \$95,000 (BLOC) Building Local Outreach Capacity: Increasing CalFresh Participation grant to Second Harvest Food Bank of Silicon Valley (impacting KFH-Redwood City, KFH-San Jose, KFH-Santa Clara, and KFH-South San Francisco) will recruit, train, and support community-based partner agencies to submit CalFresh applications for their own clients and connect them to its food programs via referrals, reaching 1,700 low-income residents (e.g., seniors, college students, and immigrants) who need access to healthy food and those impacted by COVID-19. Second Harvest will:</p>



Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<ol style="list-style-type: none"> <li data-bbox="812 224 1957 349">1. Partner with 16 health care providers and clinics and approximately 100 physicians to administer universal food insecurity screening to low-income patients to ensure they have access to nutritious food in their community.</li> <li data-bbox="812 349 1957 474">2. Support 33 partner agencies to complete CalFresh applications online or submit client referrals through a community outreach network partnership program.</li> <li data-bbox="812 474 1957 615">3. Implement a strategic outreach campaign through its college community outreach network partners to raise awareness of food assistance programs among college students.</li> </ol> <hr/> <p data-bbox="812 634 1957 1089">The HEAL Project received a \$25,000 grant for its Intensive Garden Program CSA (community-supported agriculture) at Hatch Elementary School on San Mateo County’s coast, an area experiencing high need during COVID-19. The goal is to provide greater access to nutritious food at low or no cost to Hatch students and their families and to increase their overall nutrition. to address food insecurity and the distribution of food to low-income students and families. Funds will be used to produce food at the farm to distribute through a grant-funded pilot CSA along with nutrition education lessons at Hatch. With a multiple touchpoint strategy, the program will impact up to 200 students and up to 200 individuals with the CSA by addressing the community’s lack of access to locally grown produce.</p> <hr/> <p data-bbox="812 1122 1957 1325">Peninsula Family Service Agency received a \$50,000 grant for its project, Fair Oaks Wellness and Nutrition Programs: Cafe Saludable, which seeks to expand its meal program to provide food security support for more extremely low-income, senior participants at the Fair Oaks Adult Activity Center in Redwood City.</p> <hr/> <p data-bbox="812 1357 1957 1479">St. Francis Center’s Siena Youth Center (SYC) received a \$25,000 grant to support its programs that coach low-income families and youth for improved health. Together with 1 grain to 1000 grains, SYC delivers lifestyle coaching</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>programs designed to mitigate the incidence of chronic disease within at-risk, low-income families in San Mateo County. These family-centric (youth and adult) programs are holistic, emphasizing increased physical activity, healthy eating habits, an affirmative outlook, and financial security. Its novel Youth Wellness and Leadership program engages grade-school children in garden-to-plate activities that promote healthy eating and leadership, while nurturing the joy of experimentation.</p>
<p><b>Economic Security (Including Housing and Homelessness)</b></p>	<p>In 2020, there were XX grants totaling \$XX that addressed Economic Security in the KFH-Redwood City service area.</p>	<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> <p>Project WeHOPE received a \$25,000 grant for its mobile homeless service program. Over the course of the grant period, it will provide approximately 2,000 showers and 800 loads of laundry to 80 unduplicated homeless individuals in East Palo Alto, Menlo Park, and Redwood City. In addition, the program will connect homeless individuals to life-changing services, including medical services, healthy food, job training, comprehensive case management, and housing support.</p>