



SOUTH SAN FRANCISCO

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)-South San Francisco

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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-South San Francisco 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.

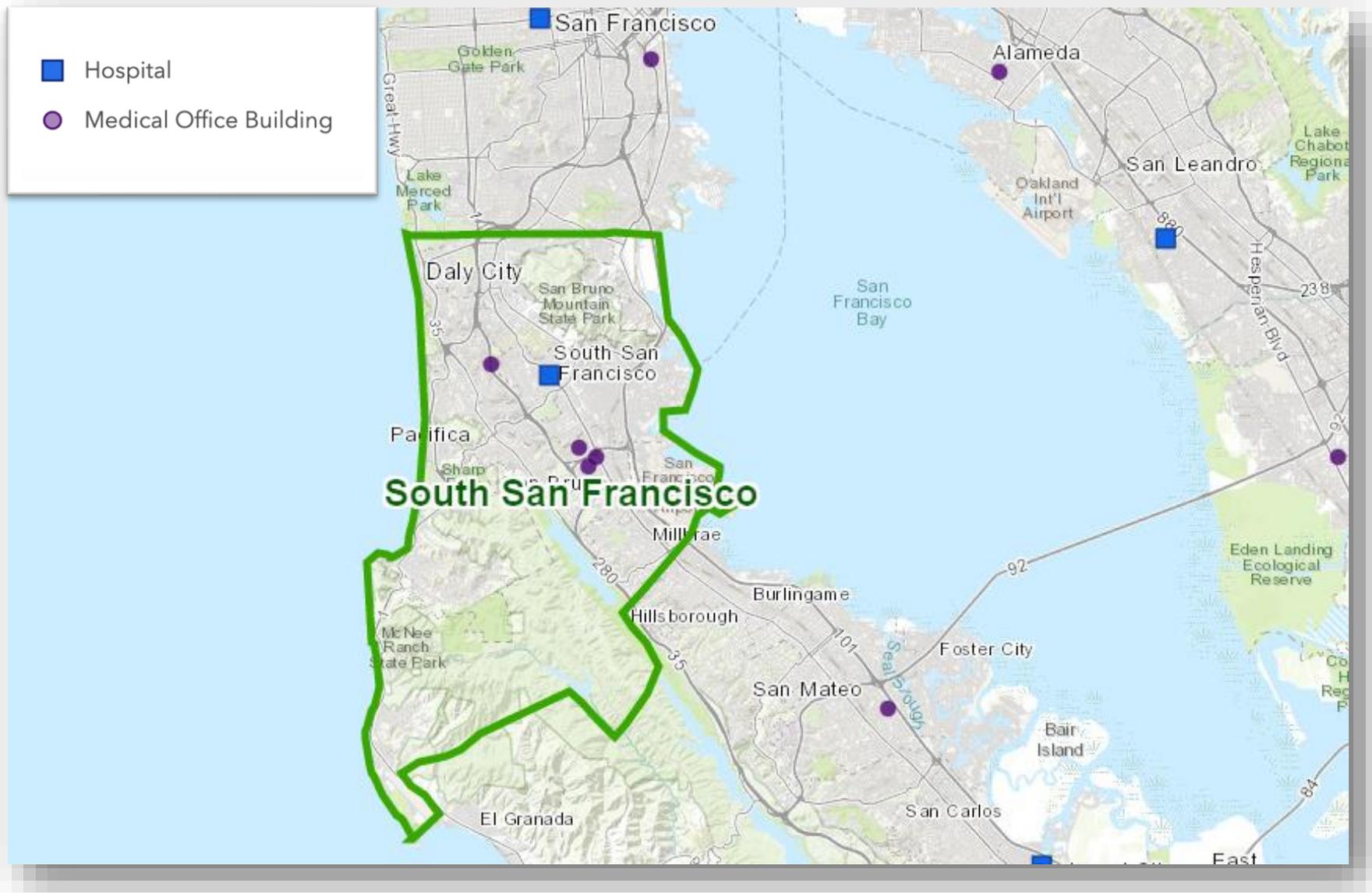
G. Demographic Profile of Community Served by KFH-South San Francisco

Total Population	296,007
White	38.6%
Black/African American	2.3%
Asian	41.5%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	1.4%
Some Other Race	10.8%

Multiple Races	5.1%
Hispanic/Latino	25.0%
Total Living in Poverty (<100% FPL)	7.3%
Children Living in Poverty	8.8%
Unemployment Rate	2.1%
Uninsured Population	7.6%
Adults with No High School Diploma	12.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2012-2016

H. Map and Description of Community Served by KFH-South San Francisco



The KFH-South San Francisco service area covers portions of northern San Mateo County, including the cities of Brisbane, Daly City, Montara, Moss Beach, Pacifica, San Bruno, and South San Francisco.

IV. Description of Community Health Needs Addressed by KFH-South San Francisco

The following are the health needs KFH-South San Francisco is addressing during the 2020-2022 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 Community Health Needs Assessment (CHNA) Report and the 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

1. Health Care Access and Delivery

Health care access and delivery were prioritized by the KFH-South San Francisco community. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, transportation barriers, and lack of cultural competence on the part of 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. Community input also included concerns about how few primary, dental, and specialty care providers accept Medi-Cal. The community indicated that undocumented immigrants are accessing health care less often in recent years due to the political climate. Access to care and coverage was a top concern in both the CHNA process and Community Benefit Advisory Committee (CBAC) scoring processes and offered many opportunities to leverage Kaiser Permanente assets.

2. Mental Health and Well-being

KFH-South San Francisco residents and representatives of various vulnerable groups (e.g., LGBTQI, Pacific Islanders) 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. Statistical data suggest that there are significantly fewer social associations (e.g., civic organizations, recreational clubs, and the like) per capita in the service area (4.5 per 10,000 people) compared to the state average (6.5); social associations contribute to personal well-being. A common theme in community input was the co-occurrence of poor mental health and substance use. Committee members agreed that this health need, also a top priority in both the CHNA and Committee scoring processes, offers many opportunities to leverage both Kaiser Permanente and community assets.

3. Healthy Eating/Active Living

Healthy eating, together with active living, was prioritized by as a health need in the KFH-South San Francisco service area by the community. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition, and access to food and recreation. The KFH-South San Francisco community expressed concern about the rising number of children and youth being diagnosed with diabetes. They also identified diabetes as an issue disproportionately affecting individuals experiencing homelessness. Committee members agreed this is both a priority health need and one where Kaiser Permanente can leverage its own and community assets to have an impact.

4. Economic Security (Including Housing and Homelessness)

Economic Security, as well as housing and homelessness, were of chief concern to the KFH-South San Francisco community. The community emphasized the relative lack of affordable housing and the poor quality of the affordable housing that is available in the county. Community members also described stress about the high costs of housing and lack of affordable rent as another major priority. The community linked 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. Although Committee members have not always felt that Kaiser Permanente could have make a significant impact on this complex problem, they were persuaded by its placement among the community's priorities emerging from the CHNA process and by the ability to leverage multiple Kaiser Permanente assets (beyond local grant-making).

B. Health Needs Not Addressed

In considering which health needs to address, the KFH-South San Francisco CBAC members recognized that many health needs overlap and that a strong case could be made for addressing any of those that emerged from the CHNA process. The four selected priority health needs took into account community and partner input as well as the criteria of feasibility of intervening, leveraging both community and Kaiser Permanente assets, and the availability of evidence-based programs and practices.

The health needs below did not score as highly as the four priority health needs described above and will not be addressed directly by the recommended strategies.

- **Economic Security.** The main driver of economic insecurity in the South San Francisco area (and in the Bay Area and California overall) is high housing costs that consume excessive proportions of family income, making it difficult for working families to afford basic necessities. KFH-South San Francisco agreed that by addressing housing and

homelessness specifically, the main component of economic security is being addressed. In addition, food security issues are partially addressed within the Healthy Eating / Active Living priority health need.

- Oral/dental health. Oral health did not emerge as a priority health need through the CHNA process. However, it was raised during the Implementation Strategy process by partner agencies, who suggested including oral health access under the Access to Care health need and focusing on specific populations with gaps in care (e.g., seniors).
- Cancer. Cancer also did not emerge as a priority health need through the CHNA process. As a result, it was not selected as one of the priority health needs by KFH-South San Francisco. However, some of the 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. Strategies for that health need address lifelong health habits for children and youth, as well as healthier eating habits and increased mobility for people of all ages. 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.
- Environment. Environmental interventions 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-South San Francisco

A. 2020 Community Benefit Financial Resources Provided by KFH-South San Francisco

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-South San Francisco

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

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$6,423,917
Charity care: Medical Financial Assistance Program ²	4,526,181
Grants and donations for medical services ³	82,355
Subtotal	\$11,032,453
Other Benefits for Vulnerable Populations	
Summer Youth and Inroads programs ⁴	\$0
Grants and donations for community-based programs ⁵	1,762,491
Community Benefit administration and operations ⁶	203,657
Subtotal	\$1,966,147
Benefits for the Broader Community⁷	
Community health education and promotion programs	\$77
Community Giving Campaign administrative expenses	18,206
Grants and donations for the broader community ⁸	0
National Board of Directors fund	12,498
Subtotal	\$30,781
Health Research, Education, and Training	
Graduate Medical Education	\$79,952
Non-MD provider education and training programs ⁹	620,074
Grants and donations for the education of health care professionals ¹⁰	0
Health research	410,682
Subtotal	\$1,110,708
Total Community Benefits Provided	\$14,140,089

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-South San Francisco'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-South San Francisco 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-South San Francisco. 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-South San Francisco 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
<p>Health Care Access and Delivery</p>	<p>In 2020, there were 11 grants totaling \$130,309.66 that addressed Health Care Access and Delivery in the KFH-South San Francisco service area.</p>	<p>Kaiser Permanente Medicaid and Charity Care: In 2020, Kaiser Permanente provided care to 3,841 Medi-Cal members and 30 Charitable Health Coverage (CHC) members in the KFH-South San Francisco service area. And another 3,949 individuals received Medical Financial Assistance (MFA).</p> <p>Operation Access: In 2020, with the participation of 3 volunteer physicians, KFH-South San Francisco provided 6 outpatient medical services (surgical and diagnostic) to Operation Access clients.</p> <p>Edgewood Center for Children and Families received a \$25,000 grant~ (impacting KFH-Redwood City and KFH-South San Francisco) for its Better Health, Brighter Futures -- San Mateo Kinship Support Network, a specialized program developed to serve kinship families in San Mateo County. It provides direct community health nursing services and increases community collaboration using Edgewood’s resource and referral network, with a focus on growing and systematizing access to community resources for vulnerable, low-income caregivers (predominantly of color). As the only kinship program in the county, Edgewood measurably increase clients' knowledge, understanding, and utilization of resources and referrals to improve their physical and mental health and build capacity to effectively nurture and raise their kinship child, keeping them safely in the home of a loving relative and out of foster care.</p> <p>Volunteers in Medicine–San Francisco (dba Clinic by the Bay) received a \$25,000 grant~ (impacting KFH-Redwood City and KFH-South San Francisco) to support its service as a caring medical home for the people who remain uninsured due to financial hardship or immigration status. Its services are 100% free of charge and tailored directly to uninsured adults who have often gone years without health care. Clinic by the Bay’s chronic disease management program provides primary and preventive care to uninsured working adults with chronic conditions such as diabetes, hypertension, cardiac conditions, etc. Volunteer doctors and nurses create a unique disease-</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Mental Health and Well-Being</p>	<p>In 2020, there were 7 grants totaling \$122,332.43 that addressed Mental Health and Well-Being in the KFH-South San Francisco service area.</p>	<p>specific treatment plan for each program patient, which includes extensive personalized education and group education.</p>
		<p>Boys & Girls Clubs of North San Mateo County received a \$50,000 grant to support activation of the <i>Planning for the Next Normal at School Playbook</i>, in partnership with the South Francisco Unified and Pacifica school districts. This effort will target 245 underserved students through community Club-houses and on school campuses, exposing them to structured modules that will include mental health and wellbeing, physical activity and physical education, academic support, and community building activities integrated into the Club’s award-winning Triple Play program, which stresses Heart, Body and Mind thoughtful activities.</p>
		<p>Mid-Peninsula Boys & Girls Club received a \$25,000 grant to implement its Positive Club Climate program, a 3-tiered model that addresses mental health and social-emotional learning at the primary, secondary. and tertiary levels of prevention.</p>
		<p>Rape Trauma Services (RTS) received a \$50,000 grant~ (impacting KFH-Redwood City and KFH-South San Francisco) to support its services for low-income, vulnerable populations in San Mateo County who have been exposed to or experienced sexual abuse. Through Sexual Abuse Intervention, RTS seeks to increase awareness; provide advocacy, screening, and linkages; and receive confirmation of appropriate behavioral health services.</p>
<p>Urban Services YMCA received a \$25,000 grant to support behavioral health access at its Youth Service Bureau’s South San Francisco Community Resource Center, which provides outreach, screening, linkages, safety-net services, and mental health services and referrals to underserved and/or uninsured community members in South San Francisco, San Bruno, and Brisbane.</p>		

Need	Summary of Impact	Examples of most impactful efforts
<p>Healthy Eating/Active Living</p>	<p>In 2020, there were 8 grants totaling \$39,144.95 that addressed Healthy Eating/Active Living in the KFH-South San Francisco 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> <ol style="list-style-type: none"> 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. 2. Support 33 partner agencies to complete CalFresh applications online or submit client referrals through a community outreach network partnership program. 3. Implement a strategic outreach campaign through its college community outreach network partners to raise awareness of food assistance programs among college students. <p>Fresh Approach (FA) received a \$25,000 grant~ (impacting KFH-Redwood City and KFH-South San Francisco) to support access to healthy, affordable food through nutrition incentives. FA will address food insecurity through the distribution of financial incentives (more than \$9,000) and promotion of government nutrition programs to purchase healthy food among 3,150 unique San Mateo County residents who are experiencing high need during the COVID-19 crisis. The goal is to alleviate food insecurity by reducing geographic, social, and financial barriers to accessing nutritious, low-cost produce at farmers’ markets in low-income and low-access communities. FA will also address barriers to participation in food benefits in San Mateo County’s low-income communities by enhancing awareness of the use of nutrition incentives at farmers’ markets and providing eligible individuals referrals for CalFresh (SNAP) applications.</p>

Need	Summary of Impact	Examples of most impactful efforts
<p>Economic Security (including Housing and Homelessness)</p>	<p>In 2020, there were 3 grants totaling \$98,630.95 that addressed Economic Security (including Housing and Homelessness) in the KFH-South San Francisco 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>Pacifica Resource Center (PRC) received a \$25,000 grant to support Unhoused on the Coast Outreach, which addresses the needs of unhoused families and individuals living in Pacifica and on the coast down through Half Moon Bay. Through outreach, engagement, and housing-focused case management, PRC helps these families and individuals receive the services and supports needed to get them into and then maintain stable housing.</p> <p>StarVista received a \$50,000 grant to support its Transitional Youth Services (TYS) program, which provides housing assistance and comprehensive supportive case management services to former foster care youth 18 to 24 in San Mateo County. TYS supports the successful transition to independence for youth who have aged-out of the foster care system and has 2 main components: THP-Plus (Transitional Housing Placement Plus) and Aftercare. TYS is the only local program of its kind that is tailored to serve emancipated foster youth in South San Francisco and the surrounding community.</p>