# Consolidated Community Benefit Plan

# FISCAL YEAR 2024

## Kaiser Foundation Hospitals in California

# SAN DIEGO

## Southern California Region


Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350

KAISER PERMANENTE®

# Kaiser Foundation Hospitals (KFH)
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# I. Introduction and Background

## A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For more than 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technological 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

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It is also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy is not just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

For information on the CHNA, refer to the 2022 Community Health Needs Assessments and Implementation Strategies (http://www.kp.org/chna).

## C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) 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 annual year-end community benefit reporting regulations under the 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 Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2024, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of $**1,817,728,928** 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 Table A. Note that ‘non-quantifiable benefits’ will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

## Table A

## 2024 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

| Category | Total Spend |
|---|---|
| **Medical Care Services for Vulnerable Populations** | |
| Medi-Cal shortfall[1] | $713,469,866 |
| Charity care: Medical Financial Assistance Program[2] | $775,417,176 |
| Grants and donations for medical services[3] | $32,093,429 |
| ***Subtotal*** | ***$1,520,980,471*** |
| **Other Benefits for Vulnerable Populations** | |
| Watts Counseling and Learning Center[4] | $4,405,591 |
| Educational Outreach Program[4] | $805,369 |
| Youth Internship and Education programs[5] | $5,909,392 |
| Grants and donations for community-based programs[6] | $44,509,093 |
| Community Benefit administration and operations[7] | $10,303,073 |
| ***Subtotal*** | ***$65,932,518*** |
| **Benefits for the Broader Community** | |
| Community health education and promotion programs | $1,405,096 |
| Community Giving Campaign administrative expenses | $461,693 |
| Grants and donations for the broader community[8] | $9,385,626 |
| National Board of Directors fund | $742,602 |
| ***Subtotal*** | ***$11,995,017*** |
| **Health Research, Education, and Training** | |
| Graduate Medical Education[9] | $131,903,855 |
| Non-MD provider education and training programs[10] | $42,155,356 |
| Grants and donations for the education of health care professionals[11] | $4,163,885 |
| Health research | $40,597,825 |
| ***Subtotal*** | ***$218,820,921*** |
| **TOTAL COMMUNITY BENEFITS PROVIDED** | **$1,817,728,928** |

## B. Medical Care Services for Vulnerable Populations

### Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 32 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

### Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who do not have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

### Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

## 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 Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved 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, addressing workforce shortages and enhancing cultural competency within 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-based organizations, and schools.

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

### Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

### Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. 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 underserved communities with an awareness of career opportunities as a physician.

### Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy

and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

# III. Community Served

## A. 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.

## B. Demographic Profile of Community Served

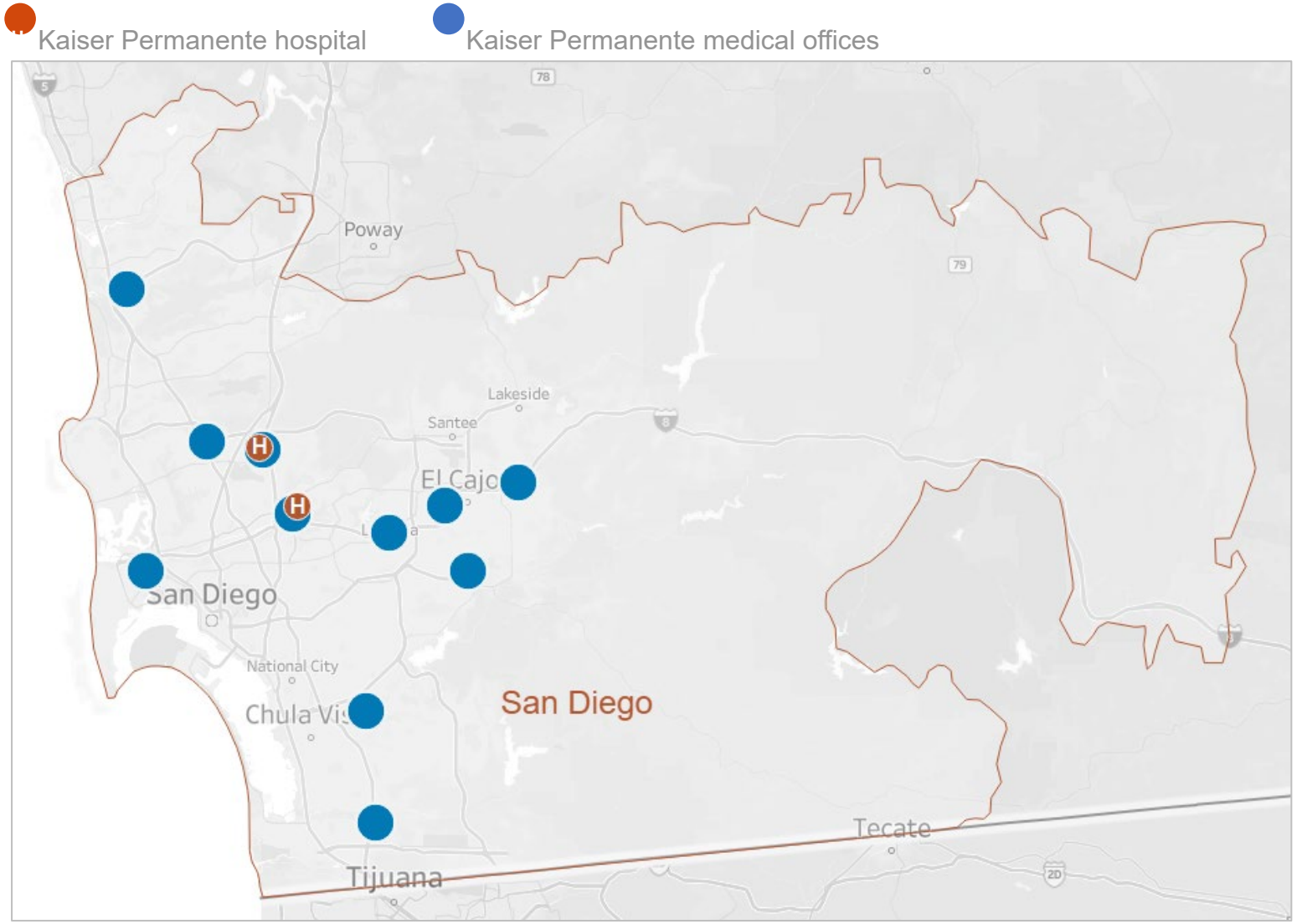
KFH-San Diego and Zion service areas demographic profile

| **Total population:** | **3,302,039** |
|---|---|
| American Indian/Alaska Native | 0.4% |
| Asian | 12.1% |
| Black | 4.7% |
| Hispanic | 34.5% |
| Multiracial | 3.6% |
| Native Hawaiian/other Pacific Islander | 0.4% |
| Other race/ethnicity | 0.2% |
| White | 44.1% |
| Under age 18 | 0.4% |
| Age 65 and over | 12.1% |

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

## C. Map and Description of Community Served

KFH-San Diego and Zion service areas




The KFH-San Diego and Zion service area includes Bonita Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Guatay, Imperial Beach, Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Palomar Mountain, Pine Valley, Potrero, San Diego, San Ysidro, Santee, Solana Beach, Spring Valley, and Tecate.

# IV. Description of Community Health Needs Addressed

KFH-San Diego and Zion are addressing the following health needs during the 2023-2025 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 2022 CHNA Report and the 2023-2025 Implementation Strategy Report. (http://www.kp.org/chna).

## A. Health Needs Addressed

1. **Access to care:** Access to comprehensive, quality health care services – including having insurance, local health care options, and a usual source of care – is important for ensuring quality of life for everyone. Insurance alone does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the San Diego service area, a smaller percent of the population is enrolled in Medicaid or public insurance compared to the state and there is a slightly higher percentage of uninsured children than the state average. Regions in the county such as North County and South Bay are comprised of over 50 percent of the population identifying as part of a community of color and have a high percentage of people who are uninsured. Community representatives share that many residents may delay or avoid accessing care because of high costs or for fear of having to disclose their immigration status. Given the proximity to Mexico, individuals often seek more affordable care across the border.
2. **Income & employment:** Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below the poverty line and are more likely to be healthier than people with unstable employment. Furthermore, individuals who do not have enough resources to meet basic needs such as safe housing and sufficient food are more likely to experience toxic stress and increased mortality. In the San Diego service area, the unemployment rate is 16 percent which is higher than the national average. There are also racial disparities in unemployment. Black residents report the lowest percentage of employment at 53 percent compared to white, and Latino/a communities at 63 percent and 63 percent, respectively. Furthermore, Black, African American, and American Indian residents in San Diego County earn $22,000 less than their white peers despite the average income in San Diego being above the national and state averages at $84,812. Interviewed community representatives also emphasized the impact of the COVID-19 pandemic. Many people lost their main sources of income through company shutdowns or layoffs. Previous layoffs have now lent themselves to staffing shortages as businesses begin to reopen.
3. **Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Access to affordable housing is a widespread issue across San Diego County. The average monthly cost of rent in the San Diego service area is $1,822, higher than the average cost of rent in the state ($1,689). The housing cost burden is also significantly greater for Latino/a and Black residents with nearly 60 percent of both populations experiencing high rent cost burden. Furthermore,

interviewed community representatives shared that housing is becoming an even larger issue as there is a visible increase in the number of people experiencing homelessness, particularly in North County San Diego. Community representatives also expressed that the COVID-19 pandemic has exacerbated housing concerns. Individuals have less income to pay rent, there is an increase in the number of individuals experiencing homelessness. Young adults in particular struggle with accessing housing as many do not have sufficient credit history, credit score, or rental history needed to obtain housing. Community representatives shared the importance of coordination among community-based organizations to support individuals who are housing insecure.

4. **Food insecurity:** Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Diego County, 10 percent of residents experience food insecurity, which is slightly lower than the state average (10.6 percent) and regional average (10.5 percent). According to a survey from 2020, one in three clients is concerned about not having enough to eat in the future, which is a 23 percent increase from 2020. Furthermore, communities of color are disproportionately food insecure, and this is particularly noticeable in border cities such as San Ysidro where 22 percent of all non-white residents are enrolled in SNAP. The onset of the COVID-19 pandemic exacerbated food insecurity for many communities despite an increase in food donations. Interviewed community leaders shared that donated food boxes are often a one-size-fits-all package that can lack utensils to support food preparation which is a gap as 23 percent of all low-income kitchens lack basic cooking equipment. Interviewed community leaders shared that the process for residents to obtain food donations is cumbersome as there are long lines and limited guidance on where to find support.
5. **Education:** Education is a tool that often supports the upward social mobility of the community with the opportunity for access to resources, better paying jobs, and a correlation between greater education and better health. However, for some communities, education access and support has been challenging and can have long-term health effects. Overall, the San Diego service area has a greater percentage of people who have attended some college compared to state and national averages. Similarly, there are more children enrolled in preschool in San Diego County compared to the state and country. However, there are gaps in education that are largely related to the demographics of the residents. For example, workforce data reports that there is limited diversity to educational staff in San Diego schools. Furthermore, communities in San Diego with a higher percentage of communities of color also have higher dropout rates compared to communities with more white residents. Additionally, COVID-19 has introduced a new challenge with schools shifting classes to online platforms. Students reported competing priorities such as doing homework and caring for siblings that contributed to students turning in late assignments and increased stress.

6. **Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Diego generally performs better than state and national averages. However, there are continuous barriers to accessing mental and behavioral health services in San Diego County. Interviewed community representatives reported that the mental and behavioral health workforce has dwindled significantly during the COVID-19 pandemic due to staff burnout. Furthermore, communities of color have limited options to find culturally competent mental health services that have experience addressing the history of discrimination and understand the historical trauma that communities of color experience. The onset of COVID-19 has been impactful in residents' mental and behavioral health, especially for youth.

## B. Health Needs Not Addressed

KFH-San Diego and Zion medical centers are addressing all significant needs identified in the 2022 CHNA implementation strategy.

# V. Year-End Results

## A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis, (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- 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 are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

## Table B

## KFH-San Diego Community Benefits Provided in 2024 (Endnotes in Appendix)

| Category | Total Spend |
|---|---|
| **Medical Care Services for Vulnerable Populations** | |
| Medi-Cal shortfall[1] | $24,591,803 |
| Charity care: Medical Financial Assistance Program[2] | $30,127,341 |
| Grants and donations for medical services[3] | $499,287 |
| ***Subtotal*** | ***$55,218,431*** |
| **Other Benefits for Vulnerable Populations** | |
| Youth Internship and Education Programs[5] | $76,951 |
| Grants and donations for community-based programs[6] | $1,112,748 |
| Community Benefit administration and operations[7] | $475,903 |
| ***Subtotal*** | ***$1,665,601*** |
| **Benefits for the Broader Community** | |
| Community health education and promotion programs | $131,438 |
| Community Giving Campaign administrative expenses | $15,454 |
| Grants and donations for the broader community[8] | $16,932 |
| National Board of Directors fund | $27,371 |
| ***Subtotal*** | ***$191,195*** |
| **Health Research, Education, and Training** | |
| Graduate Medical Education[9] | $6,289,639 |
| Non-MD provider education and training programs[10] | $1,575,026 |
| Grants and donations for the education of health care professionals[11] | $45,624 |
| Health research | $685,453 |
| ***Subtotal*** | ***$8,595,743*** |
| **TOTAL COMMUNITY BENEFITS PROVIDED** | **$65,670,970** |

## B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The complete 2022 IS report is available at https://www.kp.org/chna.

For each priority health need in the 2022 Implementation Strategy, examples of stories of impact are described below. Additionally, Kaiser Permanente SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF -managed funds, however, are not included in the financial totals for 2024.

**Access to care**

KFH-San Diego ensures access to care by serving those most in need of health care through Medicaid, medical financial assistance, and charitable health coverage.

Care and coverage programs, KFH-San Diego

| Year | Care & coverage details | Medicaid, CHIP, and other government-sponsored programs | Charitable Health Coverage | Medical Financial Assistance | Total |
|---|---|---|---|---|---|
| **2024** | **Investment** | $24,591,803 | $0 | $30,127,341 | $54,719,144 |
| **2024** | **Individuals served** | 52,470 | 1 | 25,024 | 77,495 |

Given San Diego County's size, diversity and proximity to the border, San Diego County residents experience unique challenges to accessing needed care. Compared to the state of California, San Diego has a slightly higher percentage of uninsured children, and a lower percentage of people enrolled in Medicaid or public insurance. Bonita Family Resource Center assists families and individuals to apply for state-provided programs like Medi-Cal, CalFresh and Covered California. They work hand in hand with UnidosUS to bring resources to families to support a healthier lifestyle. United Women of East Africa Support Team is a San Diego nonprofit providing health services, education, and advocacy for the well-being of the East African community, women, and families. Together, United Women of East Africa and Bonita Family Resource Center join forces with other community-based organizations across the state to support 800,000 individuals. Locally, they aim to enroll 150 low-income and immigrant individuals with family incomes up to 300% of the federal poverty level into health insurance through Medi-Cal Expansion, transition to marketplace coverage, or other coverage options such as the Kaiser Permanente Community Health Care Program. Organizations will provide a combination of enrollment support, prescreening, and direct application assistance; outreach, engagement, retention, and education on coverage options and benefits in ways that were tailored to the community. By increasing enrollment in health insurance and health care resources that will facilitate access to comprehensive, quality health care services, Kaiser Permanente aims to strengthen community health and quality of life.

**Education**

Across San Diego County, disparities in educational outcomes persist with Black and American Indian or Alaska Native students experiencing the lowest rates of chronic absenteeism. Additionally, communities with higher percentages of persons of color in North County, Central San Diego, and South Bay have lower graduation rates compared to areas with a higher proportion of white residents. Boys to Men Mentoring builds communities of male role models who, through consistent group mentoring, encourage and empower teenage boys to follow their dreams. Support from Kaiser Permanente will strengthen organizational capacity to provide effective youth mental health support and expand access to mental health resources with the goal of reducing stigma and fostering

emotional resilience and positive relationships among youth. They aim to serve approximately 1,100 youth aged 12 to 18 years old. By providing training, support groups, and mental health education for their staff and volunteers, mentors will be better equipped with the skills and knowledge to support youth mental health and well-being. Boys to Men Mentoring also built a coalition of community partnerships to establish referral pathways that increased awareness and utilization of mental health services and resources, with the goal of increasing emotional resilience, leadership skills, and positive social connections among the youth served.

**Food insecurity**

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. There are disparities in food security and access to food across San Diego County; in 2019, a quarter of the population in San Diego County was nutrition insecure. About Fresh is an organization that engineers social innovations at the intersection of food and health care systems and works to strengthen communities by getting fresh food to the households that needed it most. They will implement a healthy grocery program with Neighborhood Healthcare, a Federally Qualified Health Center, with patients experiencing diabetes or food insecurity. Together, they will provide screening, enrollment, and distribution of pre-paid Fresh Connect cards to eligible patients, allowing them to purchase additional fresh produce at their local grocery store or farmers market. By encouraging healthier eating habits through their produce prescription program, approximately 300 low-income individuals who are food insecure or have diabetes will improve and maintain their glycated hemoglobin (HbA1C), healthy weight, or blood pressure levels.

**Housing**

Homelessness across the United States was on the rise before the COVID-19 pandemic, including for families with young children. Access to affordable housing is a widespread issue across San Diego County, where compared to the state, the housing affordability index is moderately lower. Issues around housing accessibility and affordability more strongly impact communities of color, who experience greater housing cost burden and overcrowding. The Legal Aid Society of San Diego (LASSD) assists low-income and vulnerable individuals and families by offering legal representation, information, and advice on a variety of subjects such as housing discrimination, eviction defense, and public housing support. LASSD aims to strengthen the capacity of legal aid organizations and Medical-Legal Partnership programs for prevention of evictions, to increase housing stability, and ensure safe and stable housing for all community members. Through Medical-Legal Partnerships, they will help prevent evictions and ensure adequate, affordable, and stable housing for individuals and families through a variety of housing resolution options. The resources included professional staff, case management, technology, and outreach activities. This work – which was part of a larger investment across Southern California that reached over 12,000 individuals, and 200 individuals in low-income communities in San Diego County. Kaiser Permanente’s support to LASSD will increase organizational capacity to provide housing-related legal services to individuals at risk of or facing homelessness and launched or expanded Medical-Legal Partnership housing-related legal services with health care organizations.

**Income and employment**

San Diego County is a diverse region with 56% of the population being people of color and over a third of the population identifying as Hispanic or Latino. This diversity is accompanied by racial disparities surrounding per capita income. Black and American Indian or Alaska Native residents earn $22,000 less than their white counterparts, and Hispanic or Latino communities earn $29,500 less than their white counterparts. While many businesses owned by historically marginalized populations exist, one factor continues to limit the establishment, expansion, and growth of these small businesses: access to capital. To address this need, Kaiser Permanente is partnering with Civic Community Partners (CCP), a nonprofit organization that offers lending and investment services aimed at providing products and services to organizations and businesses that had limited access to traditional capital or financing mechanisms. A total of 120 diverse entrepreneurs participated in facilitated group education workshops, one-on-one business advising sessions, financial coaching, got connected with resources and new procurement opportunities, had access to grants or loans, and access to safe financial products. Through these opportunities, CCP aims to support diverse entrepreneurs to launch, stabilize and grow diverse-owned businesses that sustain quality jobs by increasing access to capital, technical assistance, and contracting opportunities. These opportunities will reduce barriers to diverse business growth through supporting diverse-led business support organizations to strengthen business technical assistance, advance community development projects, policy education, and increase diverse business procurement within anchor institutions.

**Mental & behavioral health**

Interviewed community representatives noted the extreme impact that the COVID-19 pandemic had on the mental/behavioral health across San Diego County. Since 2016, there was an increase in the percentage of access & crisis line calls that were crisis calls from 26% in 2016 to 53% in 2020. In response, Lifeline Community Services launched a capacity-building initiative aimed at improving its leadership and enhancing mental health services for diverse youths. As part of this effort, director and manager-level staff participated in the Conscious Leadership Academy (CLA) at the University of San Diego, which was a data driven training series that focused on both professional and personal development. Lifeline Community Services focused on developing leadership skills among participants, while also expanding training opportunities for all frontline staff. Through this investment, Lifeline strengthened internal team dynamics, boosted staff morale, and reduced turnover. By fostering an environment where employees felt valued and supported, Lifeline positioned its teams to deliver more stable and effective services to the community.

# VI. Appendix

## Appendix A
## 2024 Community Benefits Provided by Hospital Service Area in California

| NORTHERN CALIFORNIA HOSPITALS | |
|---|---|
| **Hospital** | **Amount** |
| Antioch | $47,720,034 |
| Fremont | $22,970,664 |
| Fresno | $34,586,158 |
| Manteca | $71,760,342 |
| Modesto | $36,893,159 |
| Oakland | $99,321,992 |
| Redwood City | $26,948,137 |
| Richmond | $47,225,724 |
| Roseville | $81,181,909 |
| Sacramento | $124,225,099 |
| San Francisco | $50,536,977 |
| San Jose | $54,457,366 |
| San Leandro | $53,802,209 |
| San Rafael | $20,297,900 |
| Santa Clara | $77,243,071 |
| Santa Rosa | $40,236,328 |
| South Sacramento | $106,133,891 |
| South San Francisco | $22,693,794 |
| Vacaville | $38,961,577 |
| Vallejo | $53,996,988 |
| Walnut Creek | $41,424,543 |
| **Northern California Total** | **$1,152,617,863** |

| SOUTHERN CALIFORNIA HOSPITALS | |
|---|---|
| **Hospital** | **Amount** |
| Anaheim | $30,956,879 |
| Baldwin Park | $40,954,828 |
| Downey | $61,000,446 |
| Fontana | $95,164,025 |
| Irvine | $18,244,549 |
| Los Angeles | $83,781,616 |
| Moreno Valley | $26,631,059 |
| Ontario | $11,541,841 |
| Panorama City | $44,037,549 |
| Riverside | $47,736,423 |
| San Diego (2 hospitals) | $65,670,970 |
| San Marcos | $14,424,173 |
| South Bay | $39,041,738 |
| West Los Angeles | $59,341,185 |
| Woodland Hills | $26,583,785 |
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| **Southern California Total** | **$665,111,065** |

## Appendix B
## 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 to patients who qualify for Medical Financial Assistance on a cost basis.

[3] Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.

[4] Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.

[5] Figures reported in this section are expenses for youth internship and education programs for under-represented populations.

[6] Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.

[7] The amount reflects the costs of the community benefit department and related operational expenses.

[8] Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.

[9] Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.

[10] Amount reflects the net expenditures for health professional education and training programs.

[11] Figures reported in this section for grants and donations 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.