Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

WEST LOS ANGELES

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

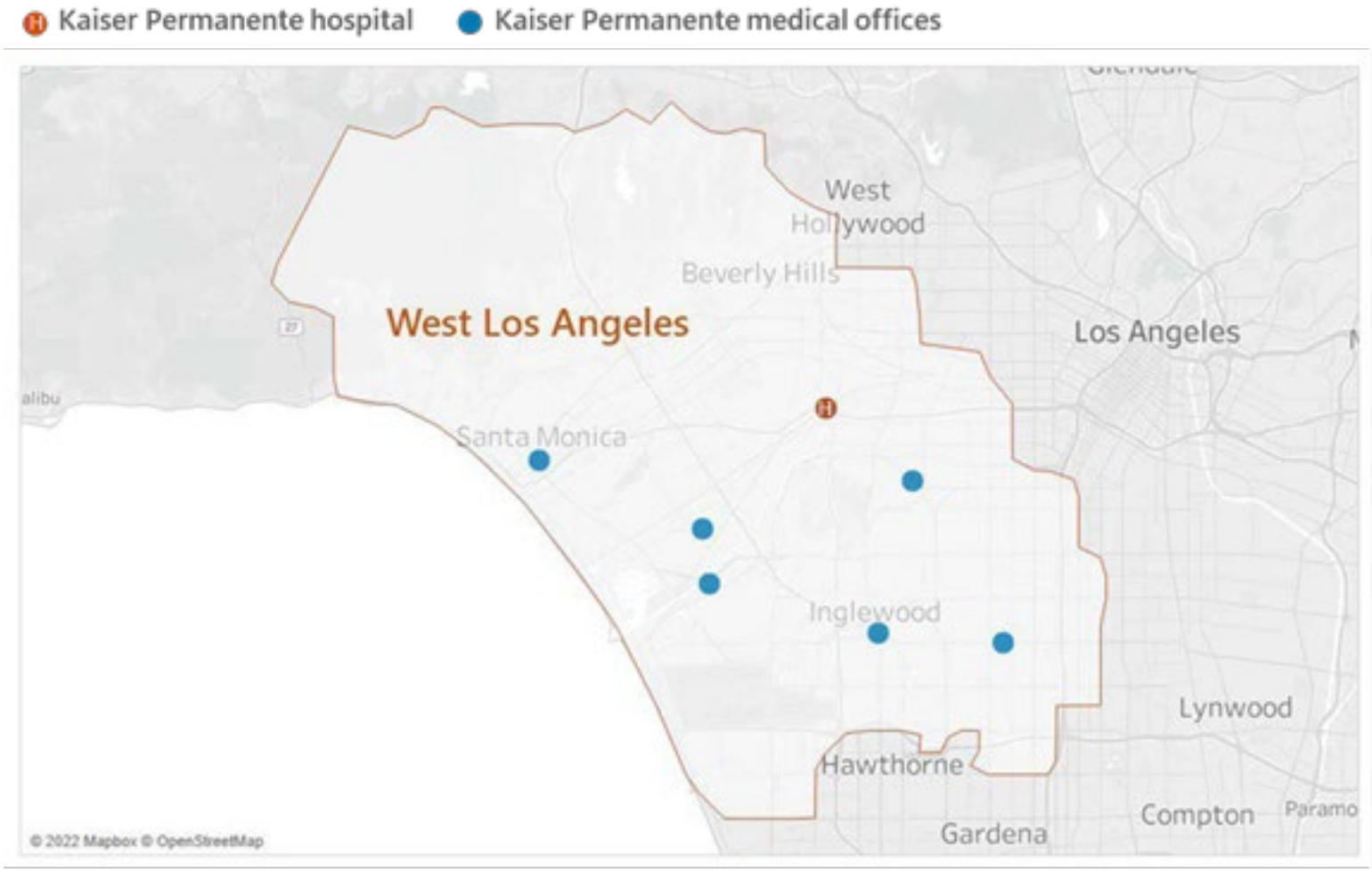
KFH-West Los Angeles service area demographic profile

Total population:	**1,427,180**
American Indian/Alaska Native	0.2%
Asian	9.0%
Black	19.7%
Hispanic	35.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.4%
White	31.6%
Under age 18	19.6%
Age 65 and over	13.5%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-West Los Angeles service areas



The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Santa Monica, West Hollywood, and Los Angeles. The city of Los Angeles includes the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, Venice, Vermont Knolls, West Adams, Westchester, Westwood, and Wilshire. Unincorporated areas of Los Angeles County include Ladera Heights, Marina Del Rey, View Park, Westmont, Windsor Hills, Ladera Heights, and others.

IV. Description of Community Health Needs Addressed

KFH-West Los Angeles is 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. **Housing:** Housing costs have soared in recent years with many families struggling to afford housing. Slightly over a quarter of residents (25.9 percent) in the West Los Angeles service area have housing costs that are greater than 50 percent of their income. The scarcity of affordable housing has led to severe overcrowding. People of color, particularly Black and Latino/a renters are the most likely to live in cost-burdened households and face housing instability. According to community leaders, seniors, transitional aged youth are also at risk of experiencing housing insecurity. Community leaders also shared that homelessness is a huge concern throughout Los Angeles and many noted the interconnectedness between homelessness, mental health, and substance use. In addition, they also discussed seeing more unhoused families, generational homelessness, and unhoused seniors.
2. **Income and employment:** The unemployment rate in the West Los Angeles service area exceeds the state (17 percent compared to 16 percent). In addition to having a higher unemployment rate, the West Los Angeles service area also has a poverty rate that is greater than the state (17 percent versus 13 percent). Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are likely to experience health-harming stress and die at a younger age. In South Los Angeles (South LA) neighborhoods, some residents lack the skills to navigate the workforce to acquire employment. They also explained that with a lack of new businesses or investments coming to the South LA area, there are limited job opportunities. Additionally, many existing opportunities are part-time and/or do not provide employment benefits. Community experts identified the following as barriers to obtaining better paying jobs: transportation, commute time/mileage, immigration status, childcare needs, and limited training/education.
3. **Access to care:** Having health care coverage is the first step to accessing high-quality health care services, with uninsured individuals being less likely to have a regular source of care, receive preventive services and more likely go without treatment or follow-up care. Compared to the state, the West Los Angeles service area has a higher percentage of residents who are uninsured (7.5 percent versus 9.1 percent). Within the West Los Angeles service area, communities with a higher percentage of underserved groups tend to have a higher percentage of residents who are uninsured. Insurance by itself does not guarantee access to appropriate care, since many community members experience barriers related to language, lack of health education, limited access to technology, transportation options, and differential treatment based on race and gender identity, as well as access to fewer health care resources.
4. **Mental and 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. Pre-COVID-19 pandemic data showed

that depression rates within the West Los Angeles service area varied by Service Planning Area (SPA), with SPAs 4 and 5 having high rates of adults with current depression and SPAs 4 and 6 having high rates of adults at risk for major depression. Mental and behavioral challenges such as anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/as. Community representatives noted how the pandemic has "been superimposed on generational trauma that communities have experienced," amplifying the impact of the COVID-19 pandemic on Black, Indigenous and People of Color communities. In addition to its impact on communities of color, the COVID-19 pandemic has also had a negative impact on youth and seniors' mental well-being. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services.

5. **Structural inequities:** In the West Los Angeles service area, health disparities vary by SPAs, with areas where more than 50 percent of the population identify as people of color performing worse on a variety of measures than predominantly white neighborhoods. Within SPA 6, 95 percent of community residents identify as people of color compared to 32 percent in SPA 5. Data shows that SPA 6 residents have lower educational attainment, higher poverty rates, lower insurance rates, higher percentage of infants being born preterm (i.e., born before 37 weeks of gestation), higher percentage of infants born at low birthweight (i.e., infant born weighing less than 2,5000 grams), higher prevalence of diabetes and hypertension than SPA 5 residents.
6. **Food insecurity:** Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life. Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at high risk because of limited employment opportunities and high health care expenses. Even though the West LA service area as a region has lower Supplemental Nutrition Assistance Program (SNAP) enrollment rates than the county and state, zip-code level data show that some communities have higher SNAP enrollment rates than the state average. Some of the communities with the highest SNAP enrollment rates includes Athens, Baldwin Hills/Crenshaw, Hyde Park/View Park/Windsor Park, Inglewood, Jefferson Park, South Central, and West Adams have higher SNAP enrollment rates than the state. Community experts identified language barriers, immigration status, transportation needs, limited access to grocery stores, cost of food, and lack of awareness of existing resources (e.g., food banks, food distribution events) as barriers to food access.

B. Health Needs Not Addressed

KFH-West Los Angeles is 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-West Los Angeles Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$30,356,073
Charity care: Medical Financial Assistance Program[2]	$24,089,339
Grants and donations for medical services[3]	$137,057
Subtotal	***$54,582,469***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$1,468,531
Youth Internship and Education programs[5]	$184,916
Grants and donations for community-based programs[6]	$502,570
Community Benefit administration and operations[7]	$304,065
Subtotal	***$2,460,082***
Benefits for the Broader Community	
Community health education and promotion programs	$72,845
Community Giving Campaign administrative expenses	$8,565
Grants and donations for the broader community[8]	$226,600
National Board of Directors fund	$15,170
Subtotal	***$323,180***
Health Research, Education, and Training	
Graduate Medical Education[9]	$819,521
Non-MD provider education and training programs[10]	$674,060
Grants and donations for the education of health care professionals[11]	$101,984
Health research	$379,890
Subtotal	***$1,975,455***
TOTAL COMMUNITY BENEFITS PROVIDED	**$59,341,185**

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-West Los Angeles 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-West Los Angeles

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$30,356,073	$0	$24,089,339	$54,445,412
2024	**Individuals served**	39,728	77	18,633	58,438

Residents of the West Los Angeles service area that are most adversely affected by disparities in access to care are people of color. Within the service area, ZIP codes with a higher percentage of people of color also had a higher percentage of uninsured people. Community experts have shared that limited or no insurance coverage is a major challenge in accessing care, while understanding how to navigate the health system and limited general health education remain key barriers for many with coverage. Kaiser Permanente partnered with Community Health Councils, Los Angeles Unified School District, Maternal and Child Access Project, Venice Family Clinic, and Westside Family Health Center to enroll as many people as possible through Medi-Cal Expansion and assisted in transitions to marketplace coverage and other coverage options, such as the Kaiser Permanente Community Health Care Program. Focused on outreach, engagement, retention, and engagement on coverage options and benefits, this partnership provides various levels of support including insurance enrollment, pre-screening, direct application assistance, and dissemination of print and digital materials to the community. The services targeted low-income and immigrant family communities with incomes of up to 300% of the federal poverty level. This partnership aims to reach 800,000 individuals and continues to ensure community members can be reached and successfully complete health coverage enrollment applications.

Food insecurity

Regions of the West Los Angeles service area, primarily those in Los Angeles County Service Planning Area 6, are strongly impacted by food insecurity. In the West Los Angeles service area, neighborhoods where 50% or more of the population identify as people of color have higher SNAP enrollment rates. Community representatives shared that community members in West Los Angeles face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. To address these issues Kaiser Permanente partnered with El Nido Family Centers, whose mission is to empower low-income communities through educational, youth development, health, and therapeutic services. This initiative aims to reduce food insecurity by ensuring equitable access to nutritious food regardless of geographical or logistical barriers. It enhances family nutrition by incorporating fresh fruits, vegetables, whole grains, and protein-rich items through food box distributions. Providing food

boxes increased financial relief by saving an estimated $280 per family on grocery expenses, enabling low-income households to allocate a larger portion of their household budget to other critical needs. The program aims to reach 80 families, or about 320 individuals.

Housing

As a result of severe housing burden and overcrowded housing, particularly for communities of color, the home ownership rate in the West Los Angeles service area is low. In general, housing is not considered affordable as many residents spend more than 50% of their income on housing costs, which is higher than other regions of the state. With the aim of increasing housing stability, preventing evictions, and ensuring safe and stable housing for community residents, Kaiser Permanente partnered with Neighborhood Legal Services of Los Angeles County and Mental Health Advocacy Services to strengthen their legal aid capacity and Medical-Legal Partnership programs. The funding supported increased access to housing-related legal services provided by professional staff to offer a variety of legal support to protect tenants' rights, and to resolve and arrive at acceptable landlord-tenant agreements. These legal services are supplemented with case management and associations to other government-funded programs.

Income and employment

Residents of color in the West Los Angeles service area experience limited educational and economic upward mobility when compared to their white counterparts. Apart from Asian students, Hispanic or Latino students, Black students, and American Indian or Alaska Native students, all trail white students in high school graduation rates in the region. With respect to income, many immigrants work in the informal economy, and Hispanic or Latino students and Black residents earn significantly less than white residents. To improve disparities associated with this health need, Kaiser Permanente partnered with Asian American Drug Abuse Program, Inc. (AADAP), a nonprofit dedicated to serving Asian Pacific Islanders and other underserved communities with programming and services throughout Los Angeles County. AADAP is training health care career candidates from historically disadvantaged communities in the region in the profession of Licensed Vocational Nurse (LVN) or Certified Nursing Assistant (CNA), thus qualifying them for higher paying careers. By providing job search technical assistance to seven LVNs, supporting AADAP’s subsidizing LVN and CNA training to participants, and providing job search assistance, interview preparation, financial coaching, and resources, Kaiser Permanente aims to increase the number of enrolled participants and participants with a completed Individual Employment Plan, as well as ensure that 15 LVN and 20 CNA participants are connected to training and employer partners to access work-based learning, internships, and mentoring so that they could ultimately graduate. At the time of reporting, 35 health care career candidates were reached.

Mental & behavioral health

Underserved communities and youth are disproportionately at risk of enduring mental and behavioral health challenges in the West Los Angeles service area. Many residents of color felt the stigmatization of seeking mental health care and impacts of structural inequities, including discrimination in health care and non-health care settings, redlining, gentrification, and poverty. Youth who are housing insecure and had been affected by isolation stemming from the COVID-19 pandemic faced unique mental health challenges. To help individuals experiencing mental health challenges in the region, Kaiser Permanente worked with Young Men's Christian Association of Metropolitan Los Angeles to strengthen organizational capacity to provide effective youth mental health support, expand access to mental health resources, reduce stigma, and foster emotional resilience and positive relationships among youth in South Los Angeles, which is a neighborhood partially within the West Los Angeles service area. To equip staff, mentors, and volunteers with the skills and knowledge they needed to support youth mental health and well-being, increase awareness and utilization of mental health services and resources among participants, and promote emotional resilience, leadership skills, and positive social connections among youth, Kaiser Permanente supported Young Men's Christian Association of Metropolitan Los Angeles with hiring a Master of Social Work (MSW). The MSW position is supporting the implementation of its Resiliency Program for Teens, a program designed to provide structured wellness and mental health support for youth that builds emotional resilience, enhances social-emotional skills, and fosters positive adult mentorship. An estimated 2,996 youth, parents and caregivers, and staff were reached.

Structural inequities

Structural inequities are a significant concern in the West Los Angeles service area and are manifested in disparities that exist across educational outcomes, access to care, and health outcomes. For example, neighborhoods in the region with a large proportion of residents of color have a lower percentage of insured individuals compared to neighborhoods with a large proportion of white residents, and significantly higher percentages of adults with diabetes and hypertension. With the intention of attending to these concerns, Kaiser Permanente partnered with Community Development Technologies Center (CDTech), a nonprofit that creates community development and economic development programs in South Los Angeles, to provide critical support to Latina Leaders in formalizing their grassroots organization, Sociedad Organizada de Latinas Activas (SODLA), as a standalone nonprofit organization and LLC worker/owner cooperative. As a result, SODLA is leading their grassroots-driven community planning and organizing efforts and further developing CDTech's health equity/justice career pathway via curriculum development with input from South LA health justice organizations and beta testing support from four South LA Public Allies. By providing funding for the Public Health Allies for Equity program and supporting CDTech to facilitate capacity-building for SODLA, Kaiser Permanente aims to support leadership and career development for disenfranchised youth ages 18-24, promoted the building of a health equity curriculum to added to CDTech's community planning and economic development program (CPED), and ensure that bylaws and articles of Incorporation, fiscal management policies, and a strategic plan were completed and adopted by SODLA membership. The program served 1,000 low-income youth and adult South LA residents.

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
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.