



PANORAMA CITY

Kaiser Foundation Hospital – Southern California Region







2019 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

Kaiser Foundation Hospital (KFH)-Panorama City/Antelope Valley

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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; and

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 2019 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 2019, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,439,765,145 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 2019 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$618,814,234
Charity care: Charitable Health Coverage Programs ²	\$257,894
Charity care: Medical Financial Assistance Program ³	\$282,502,318
Grants and donations for medical services ⁴	\$218,070,775
Subtotal	\$1,119,645,221
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,158,972
Educational Outreach Program	\$953,512
Youth Employment programs ⁶	\$3,564,302
Grants and donations for community-based programs ⁷	\$133,179,218
Community Benefit administration and operations ⁸	\$25,624,463
Subtotal	\$166,480,466
Benefits for the Broader Community ⁹	
Community health education and promotion programs	\$1,112,480
Kaiser Permanente Educational Theatre	\$5,974,079
Community Giving Campaign administrative expenses	\$829,290
Grants and donations for the broader community ¹⁰	\$671,153
National board of directors fund	\$742,767
Subtotal	\$9,329,769
Health Research, Education, and Training	
Graduate Medical Education	\$87,840,700
Non-MD provider education and training programs ¹¹	\$25,255,180
Grants and donations for the education of health care professionals ¹²	\$436,011
Health research	\$30,777,798
Subtotal	\$144,309,689
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,439,765,145

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 2019

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$35,768,656	Anaheim	\$41,728,249
Fremont	\$22,508,271	Baldwin Park	\$37,388,708
Fresno	\$24,990,841	Downey	\$50,333,791
Manteca	\$38,529,039	Fontana	\$72,058,825
Modesto	\$22,587,451	Irvine	\$18,035,249
Oakland	\$62,195,446	Los Angeles	\$59,387,017
Redwood City	\$23,440,689	Moreno Valley	\$15,967,219
Richmond	\$45,731,685	Ontario	\$25,273,294
Roseville	\$53,868,961	Panorama City	\$46,014,300
Sacramento	\$88,401,308	Riverside	\$41,883,128
San Francisco	\$49,037,146	San Diego	\$61,354,560
San Jose	\$34,701,054	South Bay	\$35,132,387
San Leandro	\$42,644,714	West Los Angeles	\$45,513,316
San Rafael	\$23,415,220	Woodland Hills	\$29,875,524
Santa Clara	\$51,337,799		
Santa Rosa	\$42,526,681		
South Sacramento	\$66,121,388		
South San Francisco	\$24,953,097		
Vacaville	\$31,496,130		
Vallejo	\$43,610,238		
Walnut Creek	\$31,953,764		
Northern California Total	\$859,819,578	Southern California Total	\$579,945,569

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-Panorama City and Antelope Valley Community Served

A. Kaiser Permanente's definition of community served

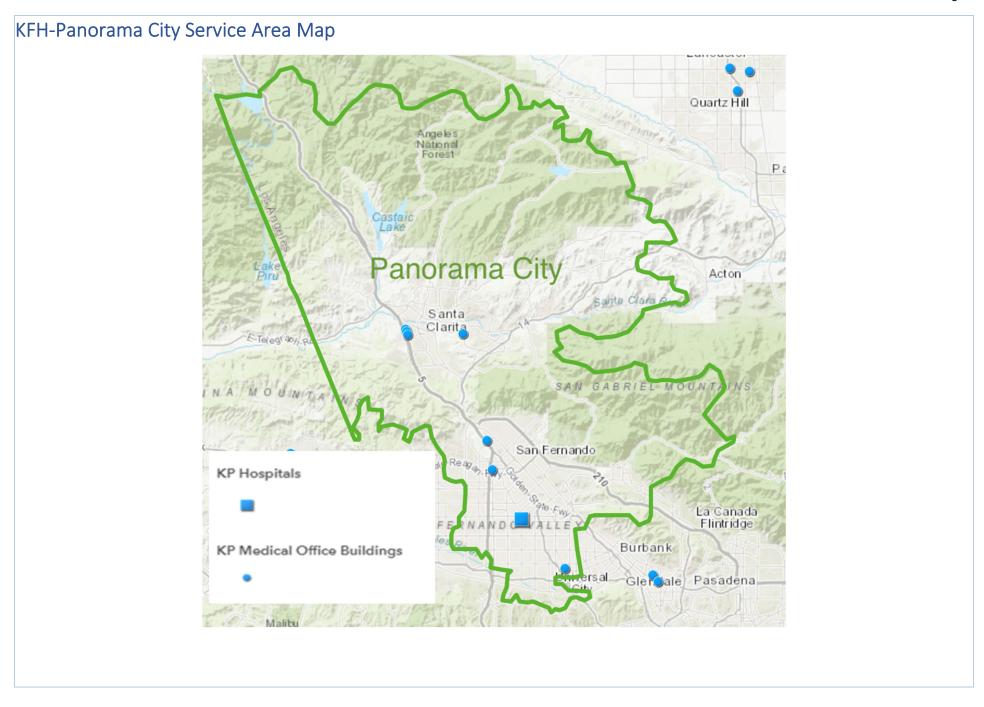
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

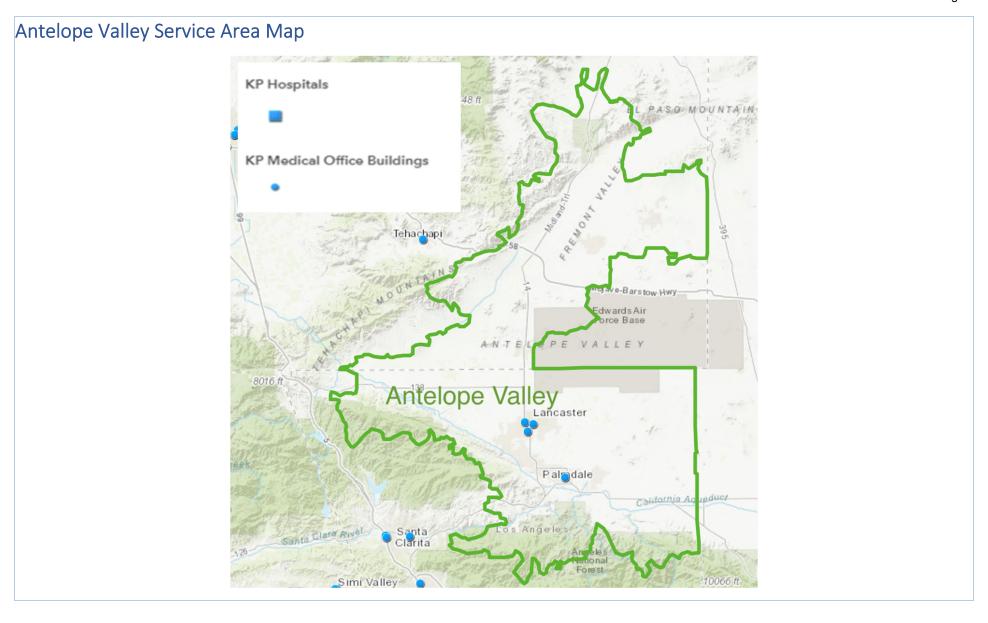
B. Map and description of community served

KFH-Panorama City Medical Center Service Area is part of an integrated delivery system that serves the communities of the East San Fernando Valley, Santa Clarita Valley, and Antelope Valley in addition to 4 zip codes in Kern County. For the purposes of this report, the KFH-Panorama City Medical Center Service Area distinguishes between the two sub-service areas of Panorama City Service Area and the Antelope Valley Service Area.

The Panorama City Service Area includes Agua Dulce, Arleta, Canyon Country, Castaic, Frazier Park, Granada Hills, Lake View Terrace, Mission Hills, Newhall, North Hills, North Hollywood, Pacoima, Panorama City, San Fernando, Santa Clarita, Saugus, Sherman Oaks, Stevenson Ranch, Sun Valley, Sunland, Sylmar, Tujunga, Universal City, Valencia, and Van Nuys.

The Antelope Valley Service Area includes Acton, California City, Elizabeth Lake, Hi Vista, Juniper Hills, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Llano, Mojave, Palmdale, Pearblossom, Quartz Hill, Rosamond, and Valyermo.





C. Demographic profile of the community served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Panorama City and Antelope Valley service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2018; ACS 5-year estimates, 2013-2017; Bureau of Labor Statistics, 2018]

Panorama City Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,271,904	Living in Poverty (<100% Federal Poverty Level)	15.5%
Asian/Pacific Islander	9.44%	Children in Poverty	20.0%
Black	3.53%	Unemployment	5.1%
Hispanic/Latino	52.39%	Uninsured Population	13.1%
Native American/Alaska Native	0.20%	Adults with No High School Diploma	22.9%
Some Other Race	0.26%		
Multiple Races	2.21%		
White	31.97%		

Antelope Valley Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	445,416	Living in Poverty (<100% Federal Poverty Level)	20.5%
Asian/Pacific Islander	4.23%	Children in Poverty	26.2%
Black	13.92%	Unemployment	5.3%
Hispanic/Latino	46.74%	Uninsured Population	9.9%
Native American/Alaska Native	0.41%	Adults with No High School Diploma	21.7%
Some Other Race	0.27%		
Multiple Races	2.94%		
White	31.49%		

IV. KFH-Panorama City and Antelope Valley Community Health Needs

The following are the health needs that KFH-Panorama City and Antelope Valley is addressing during the 2017-2019 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 2016 CHNA Report and 2017-2019 Implementation Strategy Report at: http://www.kp.org/chna.

A. Health Needs Addressed

a. Access to Care

Access to routine and consistent health care is an important determinant of health. It is critical not only for early detection and treatment of illnesses, but also for accessing preventive measures that include physical examinations, immunizations, screenings and health education. Access to health care is impacted by including insurance status, economic status, the number of health care providers and clinics, geographic location and their hours of business. Access to care was rated by the community as the fifth highest health need in the service area. Additionally, 21.6% of the population in this service area is uninsured: 17.7% are uninsured in Antelope Valley; 22.9% are uninsured in Panorama City. Lack of insurance, unaffordable medical visits and lack of primary and specialty care providers are stated as barriers to accessing health care by the community. Furthermore, the community mentioned that people cannot afford to take time off work and cannot visit physicians, as few clinics are open outside of regular business hours. Other barriers include lack of knowledge of existing insurance programs and poor transportation. The community indicated that despite the Affordable Care Act, expansion of Medi-Cal, and the establishment of the health insurance market exchange, some populations such as the undocumented continue to have little means for coverage. Many persons do not qualify for Medi-Cal and cannot afford the insurance packages offered. Navigation is also a problem.

b. Economic Security

Poverty is an important social determinant of health and a barrier to meeting basic needs, including access to healthy foods, housing, and health care. For 2014, the federal poverty level (FPL) for one person was an annual income of \$11,670 and for a family of four was \$23,850. Compared to California (36.4%), KFH-Panorama City and Antelope Valley (40.3%) has a higher population living below 200% poverty level (<200% FPL). A higher percentage of people reside below 200% FPL in Antelope Valley (45.7%) as compared to Panorama City (38%). In addition, poverty is associated with decreased access to education (e.g. lower educational attainment) and employment opportunities (e.g. increased unemployment rates). Children between 0 and 17 years of age who live below 100% FPL face greater barriers than adults as it impacts the parent's ability to access health services, affordable housing, and healthy food that impacts the overall health of a child. A higher percentage of children in poverty reside in KFH-Panorama City and Antelope Valley (25.0%) than the state (22.7%) with Antelope Valley displaying a higher rate (28.9%) than Panorama City (23.4%). Community stakeholders point out there were limited opportunities for quality education to build job skills which reduces job opportunities that, in turn, put residents at risk for homelessness. There is an issue is a lack of affordable housing and shelters to temporarily house the homeless, forcing them to the streets.

c. Mental and Behavioral Health

Mental health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental illness is a common cause of disability. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. In KFH-Panorama City and Antelope Valley, 18.1% of adults reported needing mental health care. Adults also reported being mentally unhealthy 3.7 days out of each month. Additionally, 15% of Medicare beneficiaries have been diagnosed with depression, compared to 13.4% in the state. There are not sufficient numbers of mental health providers in the area. While California has 157 mental health providers per 100,000 population, KFH-Panorama City and Antelope Valley has 147 per 100,000 population: 141.4 per 100,000 in Antelope Valley; 149 per 100,000 in Panorama City. The rate for tobacco use for the service area (12.2%) is lower than the state (12.8%): 12.4% in Antelope Valley; 12.1% in Panorama City. Access to liquor stores may increase the likelihood of tobacco and alcohol use in KFH-Panorama City and Antelope Valley: 8.81 stores per 100,000 population in Antelope Valley; 12.26 stores per 100,000 population in Panorama City.

d. Obesity/HEAL/Diabetes

Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. The majority of health outcomes for KFH-Panorama City and Antelope Valley that do not meet California's benchmarks are conditions that can be associated with obesity. There are high rates of overweight and obesity among adults and teens in the service area. This may have an impact on the high rates of chronic diseases identified in the service area. More than 36% of adults in the service area are overweight and approximately 20% of all youth are overweight. Diabetes is the fifth leading cause of death in Los Angeles County. The rate of diabetes among adults in KFH-Panorama City and Antelope Valley has steadily increased between 2004 and 2011 and it now surpasses the state rate (8.1%): 8.5% in Antelope Valley; 8.4% in Panorama City. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. The diabetes hospitalization rate in the service area is 8.0 per 10,000 population. This rate is lower than the county (11.1) or state (10.4) rate of hospitalizations for diabetes. Community members stated many residents do not know enough about eating healthy and are likely to purchase food from fast food restaurants as this is cheaper than healthy food options from supermarkets. They indicated there are an inadequate number of grocery stores and locations for physical activity in Antelope Valley.

e. Oral Health

Dental (oral) health is an essential part of complete overall health. Many residents of KFH-Panorama City and Antelope Valley are low-income, as indicated by nearly 30% of the population receiving Medi-Cal coverage. The community stressed that dental health is very expensive and there is lack of dental coverage for adults. Residents also noted that there is a lack of timely access to specialists for dental health for the uninsured. Approximately 20% of residents have no health insurance, and of these, more than 45% of adults have no dental coverage. More adults in the service area report poorer dental health than the state, as evidenced by removal of six or more of their permanent teeth: 11.9% in Antelope Valley; 11.6% in Panorama City. Furthermore, approximately 35% of the adult population report not

having any recent dental exam, compared to 30.5% in California. Among children, a higher percentage of youth, 19.6%, have not visited a dentist in a year in Antelope Valley compared to the state at 18.5%. Additionally, approximately 44.4% of adults in the service area have no dental insurance, higher than the state's 40.9%: 44.5% in Antelope Valley; 44.3% in Panorama City. Unsafe drinking water may increase the risk of poor oral health. Within this area, more individuals, (3.1% to 4.4%) than in the state (2.7%), are exposed to unsafe drinking water. Due to this, people may purchase more soda to drink as shown in their spending about 3.7% of their household expense on soda.

B. Health Needs Not Addressed

The health needs that KFH-Panorama City and Antelope Valley does not intend to directly address are: cardiovascular disease, STIs/HIV, and violence prevention. Using the defined criteria listed in Section VIII, a majority of these needs were deemed to be of relatively lower need. Additionally, existing community resources were also considered, and KFH-Panorama City and Antelope Valley will focus on health needs that can be most effectively addressed given the assets available. The core planning team was involved in this decision-making process (outlined in Section VIII) and these needs were deemed to have lower magnitude and severity ratings. Existing resources and established organizations in the community are available to address cardiovascular disease and STIs. While KFH-Panorama City and Antelope Valley will not directly address cardiovascular disease and STIs, our support of Community Health Centers has the potential to improve care of these conditions. For violence prevention, KFH-Panorama City and Antelope Valley is committed to identifying ways to improve this area. Although these needs are not being directly addressed, it should be noted that health needs can influence one another. For example, reducing overweight and improving nutrition and physical activity have been shown to positively influence cardiovascular disease. Additionally, implementing mental health strategies can support violence prevention issues.

While this Implementation Strategy report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Panorama City and Antelope Valley will look for collaboration opportunities that address the needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategies and priorities.

V. 2017-2019 Strategies to Address Health Needs

This section details the strategies the hospital will use to address the community health needs raised in its community health needs assessment. For a complete description of the 2017-2019 Implementation Strategy Plan, please visit http://www.kp.org/chna.

Access to Care

KFH-Panorama City and Antelope Valley's **long-term goal** for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing strategies around the following **strategic priorities (or intermediate goals):**

- Enhance individuals' utilization of the community-based health delivery system.
- Improve the capacity of health care systems to provide quality health care services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.

These priorities have guided the development of the following core **strategies** to address access to care in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.
- Support policies and programs that improve ability of the health care organizations to assess upstream factors and coordinate with community-based preventive services.
- Support infrastructure improvements that can support the integration of clinical care with mental/behavioral health, oral health, vision and other health services.
- Improve the quality improvement (QI) infrastructure of health care organizations by supporting capacity to use data, leadership training, business operations and through other infrastructure building strategies.
- Support policies and programs that improve the delivery care infrastructure and/or implement new models of care provision to improve the capacity of the primary care workforce.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of health care services.

Economic Security

KFH-Panorama City and Antelope Valley's **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health,

including access to affordable fresh food. It aims to visualize this goal by organizing strategies around the following **strategic priorities** (or intermediate goals):

- Improve employment opportunities.
- · Reduce food insecurity in the community.
- Improve the availability and the quality of affordable housing.
- Prevent displacement and homelessness.

These priorities have guided the development of the following core **strategies** to address economic security in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support plans and policies that expand the supply of affordable housing for low-income families.
- Support the development and implementation of plans to remove or remediate lead paint.
- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.
- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Support local governments, schools and/or community -based organizations to enroll community members into available food programs, most importantly Cal Fresh and the Supplemental Food Program for Women, Infants, and Children (WIC); promote use of Cal Fresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.
- Support communities (schools, childcare, retailers, etc.) in adopting nutrition policies and practices, including those that limit children's exposure to unhealthy food and beverage marketing.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of health care services.

Mental and Behavioral Health

KFH-Panorama City and Antelope Valley's **long-term goal** for addressing mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing strategies around the following **strategic priorities (or intermediate goals):**

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core **strategies** to address mental and behavioral health in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support integration of health care with community-based mental health services, such as: training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers.
- Support school and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of prescription drugs (including sharing, proper disposal, unintentional overdose, etc.)
- Support policies and programs that address early child development and toxic stress, including positive parenting and violence-free homes.
- Leverage Kaiser Permanente assets to drive community health and champion organizational practice changes within Kaiser Permanente that promote mental and behavioral health
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Obesity/HEAL/Diabetes

KFH-Panorama City and Antelope Valley's **long-term goal** for addressing obesity/HEAL/diabetes is that all community members eat healthy and move more as part of daily life. It aims to visualize this goal by organizing strategies around the following **strategic priorities (or intermediate goals):**

- Improve access to opportunities for physical activity in the community.
- Improve access to healthy food options in the community.
- Improve linkages between health care services and community-level services.

These priorities have guided the development of the following core **strategies** to address obesity and overweight in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes).
- Support policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.
- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.

- Support collaboration between health care providers and community-level services to support patients' needs related to upstream
 determinants of health, such as access to healthy food at local grocery stores.
- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- Support multi-level, multi component initiatives in school settings to produce significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage Kaiser Permanente assets to drive community health, including healthy eating and active living and champion organizational practice changes within Kaiser Permanente that promote health.

Oral Health

KFH-Panorama City and Antelope Valley's **long-term goal** for addressing oral health is to reduce oral health disease and advance overall health through increasing access and improving the prevention and management of oral health across the lifespan. It aims to visualize this goal by organizing strategies around the following **strategic priorities (or intermediate goals):**

- Improve the quality of the oral health care delivery system, focusing on patient-centered care.
- Improved oral health policies and programs that increase preventive care and expand services.
- These priorities have guided the development of the following core strategies to address oral health in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.
- Support infrastructure and capacity building of FQHCs to improve access to quality oral health services.
- Support the maintenance and expansion of clinic and community linkages with government, school, and community programs.
- Support the integration of oral health into clinical care delivery models.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of oral health.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of oral health.
- Leverage Kaiser Permanente assets to drive community health, oral health, and champion organizational practice changes within Kaiser Permanente that promote health.

VI. 2019 Year-End Results for KFH-Panorama City and Antelope Valley

The 2019 Year-End Results highlight a select set of activities and grant financial resources for addressing heath needs. For a full description of strategies and activities to address health needs, please review the 2017-2019 Implementation Strategy Plan at http://www.kp.org/chna.

A. 2019 Community Benefit Financial Resources Provided by KFH-Panorama City and Antelope Valley

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 Permanentesubsidized 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 on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational
 Theatre performances presented, or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-Panorama City and Antelope Valley 2019 Year-End Community Benefit Expenditures

	2019
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$24,480,358
Charity care: Charitable Health Coverage Programs ²	\$20,365
Charity care: Medical Financial Assistance Program ³	\$7,463,653
Grants and donations for medical services ⁴	\$4,012,147
Subtotal	\$35,976,523
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$91,502
Grants and donations for community-based programs ⁷	\$6,895,826
Community Benefit administration and operations ⁸	\$870,214
Subtotal	\$7,857,542
Benefits for the Broader Community	
Community health education and promotion programs	\$99,828
Kaiser Permanente Educational Theatre9	\$468,923
Community Giving Campaign administrative expenses	\$8,696
Grants and donations for the broader community ¹⁰	\$22,375
National board of directors fund	\$26,586
Subtotal	\$626,408
Health Research, Education and Training	
Non-MD provider education and training programs ¹¹	\$732,658
Grants and donations for health research, education, and training ¹²	\$55,518
Health research	\$765,651
Subtotal	\$1,553,827
Total Community Benefits Provided	\$46,014,300

TABLE C ENDNOTES

- 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.
- Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safetynet 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.
- 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 Summer Youth students 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.
- The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 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.
- 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 for health professional education and training programs.
- 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. 2019 Examples of KFH-Panorama City and Antelope Valley Activities Addressing 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's 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-Panorama City, 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 KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH 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-Panorama City and Antelope Valley. 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-Panorama City and Antelope service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2019 (Tables B and C). In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators.
 - In 2019, Educational Theater provided 52 events in 31 schools in the KFH-Panorama City communities, reaching 13,855 youth and 476 adults.
 - In 2019, Educational Theater provided 18 events in 15 schools in the KFH-Antelope Valley communities, reaching 5,108 youth and 196 adults.

Need	Summary of impact
Access to Care	During 2019, Kaiser Permanente paid 14 grants, totaling \$174,751 addressing this priority health need in the Panorama City service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$90,992 that addresses this need.

Providing Affordable Healthcare

In 2019, KFH-Panorama City and Antelope Valley provided \$24,480,358 in medical care services to 48,722 Medi-Cal recipients (both health plan members and non-members) and \$7,463,653 in medical financial assistance (MFA) for 9,955 beneficiaries.

Advocating Expansion of Health Care Access for Low-Income Californians~*

Through policy-focused research and broad-based stakeholder engagement, the Insure the Uninsured Project (ITUP) promotes innovative and workable policy solutions that expand health care access and improve the health of low-income and underserved communities in Californian. In 2019, Kaiser Permanent paid \$75,000 (split among 15 service areas) to ITUP to:

- Conduct issue education and targeted communications to educate and inform state and local policymakers, media, and stakeholders on state and federal health reform topics affecting coverage, care and the delivery of health and health related services in California.
- Convene 12 regional and local health care workgroups that include stakeholders and community leaders in collective problem-solving and shared learning on health care issues and timely health policy topics.
- Conduct and disseminate health policy research to inform state and local leaders and policymakers.

Advocating for Health Centers to Improve the Health of Vulnerable Populations~* California's Primary Care Association (CPCA) provides education, training, and advocacy to their members community health centers to best serve their low-income, underserved, and diverse patients. In 2019, Kaiser Permanente paid \$150,000 (split among 15 service areas) to CPCA to:

- Provide trainings, convenings, and conferences that reflect and respond to members' needs.
- Host peer networks and add peer networks as appropriate in response to member requests.
- Educate policy makers and other stakeholders about the unique and critical role that CHCs play in serving patients throughout the state as an integral part of an integrated health care delivery system.

Need	Summary of impact	Examples of most impactful efforts
		 Promoting Expansion of Quality Comprehensive Care for Los Angeles' Underserved Population~ The Community Clinic Association of Los Angeles County (CCALAC) advocates for expanding access to quality comprehensive health care for medically underserved people in LA County by strengthen their policy and quality improvement efforts, while incorporating social determinants of health frameworks. In 2019, Kaiser Permanent paid \$225,000 (split among 7 service areas) to CCALAC to: Deepen CCALAC's policy and advocacy education activities, particularly in the areas of program preservation, immigration, and women's health. Raise awareness of the impact of key policy issues on clinics and the communities they serve to key political figures. Strengthen and expand quality improvement activities and build capacity across CCALAC's clinically focused groups (i.e. Clinical Advisory Group, Nursing and Clinical Support, Quality Improvement, Behavioral Health, and Dental Roundtables).
	Expanding Peri-natal Services for Low Income Mothers in the East San Fernando Valley The Northeast Valley Health Corporation (NEVHC) provides comprehensive medical, dental, and behavioral health services to medically underserved residents of Los Angeles County, particularly in the San Fernando and Santa Clarita Valleys that is sensitive to the economic, social, cultural, and linguistic needs of the community. In 2019, Kaiser Permanente paid \$25,000 to NEVHC to: Increase access to perinatal services for low-income and underserved, predominantly Latina mothers and their newborns at their Pacoima Women's Health Center providing 2,183 Obstetrics patients with perinatal services Administer the PHQ-9 Depression Screening to 100% of patients who come in for postpartum visits.	

Need	Summary of impact
Economic Security	During 2019, Kaiser Permanente paid 8 grants, totaling \$99,000 addressing this priority health need in the Panorama City service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$27,454 that addresses this need.

Developing Los Angeles County High School Career Pathways ~*

The Economic Development Corporation of Los Angeles County (LAEDC) Los Angeles County High School Career Pathways provides collaborative economic development leadership to promote a globally competitive, prosperous, and growing Los Angeles County economy. LAEDC supports regionally focused workshops for the Career Technical Education (CTE) program effectiveness. In 2019, Kaiser Permanente paid LAEDC \$50,000 (split among 6 service areas) to:

- Conduct a landscape analysis and mapping of the career pathways programs offered in all 318 Los Angeles County high schools
- Conduct a survey of nonprofits in Los Angeles County that offer career pathways programs to identify the locations and pathways focused on
- Develop a region-specific Career Technical Education (CTE) workshop for CTE high school teachers and administrators and nonprofit program managers in each supervisorial district

Increasing Los Angeles County California Earned Income Tax Credit ~*

Golden State Opportunity (GSO) Los Angeles County California Earned Income Tax Credit (EITC) strives to improve the lives of working Californians through public outreach and education campaigns, research, analysis, and in-depth partnerships. The CalEITC4Me program is dedicated to increasing Cal EITC uptake in Los Angeles County and putting dollars back into people's pockets, stimulating local economies, and increasing economic security. In 2019, Kaiser Permanente paid \$80,000 (split among 7 service areas) to:

- Conduct California Earned Income Tax Credit (Cal EITC) outreach to more than 600,000 low-income households in Los Angeles County to provide information on eligibility and benefits
- Build and train a network of 50 public agency and nonprofit partners for coordinated outreach and education through smart digital targeting, community messaging, and utilizing peer-to-peer text messaging
- Host a 2nd Annual Women's Economic Empowerment Summit to engage an intersectional group of local partners, leaders, and activists focused on economic security of women

Need	Summary	of	impact
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Providing Safety Net Services in Southern California ~*

Step Up on Second Street (SU) Safety Net Services in Southern California delivers compassionate support services to people experiencing serious mental health conditions and persons who are experiencing chronic homelessness. SU meets the complex needs of people experiencing homelessness in underserved areas of Los Angeles, Orange, San Bernardino and Riverside Counties at a time when the number of homeless in Southern California is increasing. In 2019, Kaiser Permanente paid \$100,000 (split among 13 service areas) to:

- Support outreach teams to provide street outreach and engagement to individuals experiencing chronic homelessness and untreated mental health conditions
- Enroll individuals experiencing homelessness and mental health conditions assessed by outreach teams into Step Up Programs
- Provide individuals with ongoing permanent supportive housing with supportive services such as mental health, physical health, life skills, vocational and educational opportunities

Expanding Homeless Services

Bridge to Home provides support services including an emergency winter shelter, case management, housing navigation, and medical clinics that help individuals and families in the Santa Clarita Valley transition out of homelessness. In 2019, Kaiser Permanente paid Bridge to Home \$10,000 to:

- Expand the emergency winter shelter program in Santa Clarita to a year-round shelter thus converting the 14-hour emergency shelter to a 24/7 hour crisis shelter with 60 beds.
- Integrate the Los Angeles Coordinated Entry System into their process thus transitioning shelter clients to permanent housing.
- Providing case management, housing navigation, benefits access, employment assistance, access to medical, mental health and behavioral health care.

Need	Summary of impact	Examples of most impactful efforts		
		Addressing Food Insecurity ONEGeneration provides programs and services to seniors and their caregivers to help keep them safe and protected enabling seniors to age with family, in community, or independently. Through intergenerational programming they promote physical health and mental well-being, provide socialization, nutrition and access to food and resources. In 2019, Kaiser Permanente paid ONEGeneration \$13,000 to: • Decrease food insecurity among low-income individuals in the San Fernando Valley by providing youth, families, and older adults access to healthy food through their Farmers Market with over 55 healthy food farmers and vendors accepting WIC and Cal-Fresh benefits. • Provide CalFresh application assistance and homebound and congregate meals. • Provide health screenings, exercise and fitness classes, and health education to seniors.		
Mental and Behavioral Health	During 2019, Kaiser Permanente paid 11 grants, totaling \$139,340 addressing this priority health need in the Panorama City service area. In addition, a portion of money managed by a donor advised	Building Mental Health First Aid Skills in Service Providers* Mental Health America of Los Angeles (Antelope Valley) Mental Health First Aid project reduces mental health stigma by conducting trainings with 240 diverse providers serving the homeless populations. In 2019, Kaiser Permanente paid \$40,000 to MHALA to: • Provide 24 Mental Health First Aid trainings addressing types and signs of mental illness and substance abuse disorders. • Train and certify up to 240 participants in Mental Health First Aid.		
	fund at California Community Foundation was used to pay 3 grants, totaling \$105,000 that addresses this need.	Expanding Mental Health Services The Child & Family Center provides comprehensive prevention, early intervention, diagnostic evaluation and therapeutic mental health services for children, teens, adults and families who live in the Santa Clarita Valley. In 2019, Kaiser Permanente paid \$16,000 to The Child & Family Center to: • Expand behavioral health services in the Antelope Valley specifically the Family		

of 50% utilization.

Preservation program serving 250 families.

• Expand the Domestic Violence program in the Antelope Valley with an increase

Need	Summary of impact	Examples of most impactful efforts
		Providing Mental Health Services for Vulnerable Populations Valley Family Center provides counseling and educational services that facilitate personal growth, strengthen the family unit, and protect human dignity for all persons in need in the San Fernando Valley. In 2019, Kaiser Permanente paid \$19,000 to the Valley Family Center to: • Provide 600 clients with individual, couple, family counseling or support group therapy with at least 80% demonstrating strong adherence to therapy and attendance • Showing improvement in 75% counseling clients during the course of therapy through outcome questionnaires, therapist notes and closing case summary
Obesity / HEAL/ Diabetes	During 2019, Kaiser Permanente paid 17 grants, totaling \$199,782 addressing this priority health need in the Panorama City service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 11 grants, totaling \$159,871 that addresses this need.	 Working to End Hunger for the food insecure~ Hunger Action Los Angeles (HALA) helps low-income people in Los Angeles County access healthy and affordable produce and involves them in policy advocacy to end hunger. In 2019, Kaiser Permanente paid \$37,500 (split among 8 service areas) to HALA to: Educate and advocate for anti-hunger legislation by training 75 grassroots low-income anti-hunger advocates on public policy for participation in Hunger Action Day. Maintain Market Match participation in 24 farmers' markets. Improve HALA's organizational capacity to strengthen its work in low-income communities by implementing strategic planning activities.
		Influencing Policies and Funding for Safe Routes to School and Active Transportation~ Safe Routes to School National Partnership advances safe walking and biking to and from schools, improves the health and wellbeing for kids of all races, income levels and abilities and seeks to foster the creation of healthy, sustainable communities for

everyone. In 2019, Kaiser Permanente paid \$100,000 (split among 15 service areas) to the National Partnership to: • Influence new policies and funding for active transportation and Safe Routes to School programs to increase physical activity and reduce safety risks for people

walking and biking.
Provide technical assistance to 10 low income communities in 3 counties to support grant applications for state or other funding sources for biking and walking.

Need	Summary	of impact
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Building Capacity to Advance Healthy Communities and Reduce Health Disparities~*

Public Health Institute (PHI) generates and promotes research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. This grant provides essential capacity building support for Public Health Alliance staff and members of local health departments to strengthen operations, strengthen multi-sector partnerships, improve effectiveness as an organization and advance healthy communities while aiming to reduce health disparities. In 2019, Kaiser Permanente paid \$150,000 (split among 15 service areas) to Public Health Institute to:

- Develop a strategic plan to assess, strengthen and evaluate Public Health Alliance operations and successfully implement five actions from the plan.
- Strengthen existing and create new strategic partnerships by facilitating 30 multi-sector priority initiative meetings with a variety of partners.
- Develop a comprehensive communications plan and a diversified fund development plan.

Helping Schools Implement Healthy Eating and Active Living Policies~

The Alliance for a Healthier Generation (HG) works with schools, companies, community organizations, healthcare professionals and families to build healthier environments where children can thrive. Using a six-step continuous improvement process, HG supports schools with implementing policies and practices that make healthier foods, beverages and physical activity accessible for students and staff. In 2019, Kaiser Permanente paid \$273,742 (split among 7 service areas) to HG to:

- Recruit 115 new schools to on-site Healthy Schools Program offerings, reaching approximately 73,000 students and 5,700 staff.
- Build capacities of staff to implement and sustain policies and practices in the areas of physical activity, nutrition, and/or staff wellness through provision of trainings, technical assistance, and professional development sessions.
- Support schools to make or sustain nutrition and physical activity-related policy, program, and system improvements, leading to increased consumption of nutritious foods, increased participation in federal child nutrition programs and increased physical activity levels of students.

Need	Summary of impact	Examples of most impactful efforts
		Supporting Safe, Healthy Play in Elementary Schools∼ Playworks Education Energized (Playworks) aims to improve the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play. Focused primarily on recess, they help schools and districts re-design recess through on-site staffing, consultative support, professional development and free resources. In 2019, Kaiser Permanente paid \$95,000 (split among 10 service areas) to Playworks to: ■ Provide 15 full-day professional development workshops for 300 teachers, staff and recess aides across 101 schools. ■ Provide 5 two-day advanced Recess Implementation trainings to 74 schools impacting 48,000 children.
Oral Health	During 2019, Kaiser Permanente paid 2 grants, totaling \$19,000 addressing this priority health need in the Panorama City service area.	 Expanding Dental Health Services The San Fernando Community Health Center (SFCHC) is a Federally Qualified Health Center located in the City of San Fernando serving the entire San Fernando Valley as a patient-centered medial home providing health care services, prevention and education services to the most vulnerable populations regardless of income or ability to pay. In 2019, Kaiser Permanente paid \$14,000 to SFCHC to: Provide 384 primarily Hispanic or Latino undocumented, homeless and uninsured patients as well as Medi-Cal, Medicare and Medi-Medi populations with health literacy and oral health services. Participate in at least 10 health fairs or community events focused on oral health Expand partnership with the UCLA School of Dentistry rotating dental students including specialty clinic days

Need	Summary of impact	Examples of most impactful efforts
		 Supporting Oral Health Programs and Policies KFH-Panorama City participates and supports the Valley Care Community Consortium Oral Health Committee which leads a collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to increase access to oral health services for the residents of the San Fernando and Santa Clarita Valleys. Coalition accomplishments include: Supporting the Los Angeles County Department of Public Health Oral Health Program in moving the Los Angeles County Oral Health Improvement Plan by connecting partners to various work groups charged with implementing the plan. Partnering with Kids Community Dental Clinic in promoting Give Kids a Smile free clinics across the San Fernando Valley. Continuing to convene its partners to determine how to continually strengthen the oral health network in the region.

VII. Description of Community Health Needs KFH-Panorama City/Antelope Valley Will Address in 2020-2022

The KFH-Panorama City and Antelope Valley 2019 Community Health Needs Assessment (CHNA) is available at http://www.kp.org/chna (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs the hospital would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Panorama City and Antelope Valley is addressing in the 2020-2022 three-year cycle:

Access to Health Care. Access to comprehensive quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care can dramatically impact people's health outcomes. Access to certain kinds of care, such as maternal and infant health care, can impact the health outcomes of certain demographics more than others. Additionally, access to preventative care and treatment, such as for the prevention and treatment of STDs and HIV, reduces the spread of disease in communities and improves the health status of those throughout the service area. Through the community engagement process, health insurance, transportation, childcare, and awareness of available resources were identified by community members as some of the many mechanisms that would enable people to access necessary care. This health need was selected so that the promising interventions and practices available in the service area would reach all of those in the community and increase health outcomes overall.

Economic Security. Economic insecurity exists in both the Panorama City and Antelope Valley service areas. The experience of economic insecurity impacts local health needs, including asthma, poor mental health, obesity, diabetes, stroke, and cancer. In the Antelope Valley service area for example, on average, 22% of the population lives below the poverty level, and some subgroups in the service area, such as Latinos, experience higher levels of poverty (24%) than others. Through the community engagement process revealed that social and economic conditions greatly impact service area residents' ability to maintain a healthful lifestyle and prevent and manage chronic health conditions. For example, economic challenges contribute to lower educational attainment, which impact health outcomes across the life course and keeps residents at low income levels. Many residents must commute multiple hours a day in order to make a livable wage and pay for high living costs. This prevents many residents from having the time to exercise and cook healthy meals at home. Focusing on economic opportunity as a health need helps to draw connections between socioeconomic status, health, and illness and provides opportunities to intervene in areas where low income would otherwise result in worse health outcomes.

Mental Health and Behavioral Health. Mental health is an important component of a person's overall health and well-being. In fact, mental health issues can result in a 61% reduction in life expectancy. In the Panorama City and Antelope Valley service areas, 12% of residents report experiencing a mental health problem. Available data suggests White residents in the service areas are disproportionally impacted and die from suicide at nearly 70% above the service area average. In focus groups conducted during the community engagement process, community members emphasized the lack of available mental health services, especially for children in the Antelope Valley service area. Focusing on healing trauma and teaching coping skills is an important step for alleviating health issues that are exacerbated by stress. This health need was selected so that children, youth, adults, and older adults can have their mental and emotional health challenges alleviated and help build their resiliency.

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Obesity/Diabetes/Healthy Eating Active Living. Access to supermarkets that carry affordable and healthful food options, safe outdoor recreational spaces, and preventative health care are important factors for preventing and managing chronic diseases like diabetes and obesity. Through the engagement process, stakeholders emphasized that many Panorama City and Antelope Valley service area residents do not have access to these resources, especially those in minority communities, which contributes to higher rates of obesity. Challenges with food insecurity prevent community members from getting essential nutrients and instead encourage consumption of calorie dense foods that contribute to metabolic disorders. This is supported by the secondary data which indicates that Black and Latino residents in the Antelope Valley service area are disproportionately impacted, as they are obese at above average rates (31% and 12%, respectively) when compared to other ethnic and racial groups. In the Panorama City service area, Black and Latino residents are similarly impacted by obesity (39% and 25%, respectively). Addressing this health need by enhancing access to healthful foods and exercise is essential for preventing metabolic disorders and reducing multiple disease risk factors.