

Consolidated Community Benefit Plan FISCAL YEAR 2024 Kaiser Foundation Hospitals in California

DOWNEY Southern California Region



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) (<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 22 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-Downey service area demographic profile](#)

Total population:	1,525,258
American Indian/Alaska Native	0.2%
Asian	7.4%
Black	7.4%
Hispanic	73.9%
Multiracial	1.1%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	9.5%
Under age 18	26.3%
Age 65 and over	10.9%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

IV. Description of Community Health Needs Addressed

KFH-Downey 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). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Housing:** The Downey service area has a lower home ownership rate (50 percent) compared to the State average (55 percent). In addition, the Downey service area has a much lower housing affordability index (75.) compared to the State average (88.1). Black and Latino/a renters are more likely to live in cost-burdened households and face housing instability. In the Downey service area, underserved communities and immigrant families are more likely to experience severe housing burden and live in overcrowded housing. Interviewed community leaders identified segregation and gentrification as two causes of the increased housing burden. They also discussed seeing more unhoused families, generational homelessness, and unhoused seniors.
2. **Mental & behavioral health:** In the Downey service area, depression rates vary by service planning area (SPA), where both rates of adults with current depression and adults at risk for major depression being higher in SPA 6 compared to SPA 7. Community leaders noted that there is a stigma around talking about and seeking care for mental health issues, especially for Black, Indigenous, and people of color. They also noted that it can be challenging to connect individuals experiencing homelessness, monolingual Spanish speakers, seniors, and those who are formerly incarcerated to mental health services given transportation needs and the shortage of providers. Community leaders advocated for including community members in conversations around how to develop strategies to address mental and behavioral health issues in the community.
3. **Access to care:** In the Downey service area, where residents are predominantly people of color, the rate of those uninsured exceeds that of the State (12 percent compared to 8 percent), and more than a third of the residents are enrolled in Medicaid/public insurance. Interviewed community leaders shared that they believe there is a lack of health education related to acquiring insurance and finding medical care, in addition to concerns around competing financial responsibilities, transportation needs, and finding culturally responsive providers. Potential community assets or opportunities they discussed included targeted outreach materials, health education street outreach teams, and cultivated relationships with trusted community leaders.
4. **Income & employment:** The Downey service area has a poverty rate of 16 percent, which is greater than the state (13 percent) and national (13 percent) averages. Similarly, unemployment is 17 percent in this service area, which is also higher compared to the state (16 percent) and national (13 percent) rates. The rate of adults with no high school diploma (32 percent) exceeds the state and national rates by over 100 percent. Further, significant disparities exist in per capita income with some underserved communities earning up to \$40,000 less than white communities. Interviewed community leaders expressed that prior to the pandemic, many residents did not have access to regular employment because they lacked the

skills or knowledge to navigate the workplace. Some opportunities offered by community leaders included developing more pathways for educational attainment, expanding workforce development programs, and using creative methods for spreading information about job opportunities.

- 5. Structural inequities:** In the Downey service area, systemic disparities continue to vary by service planning area (SPA). When it comes to educational attainment, economic opportunity, access to quality care, birth outcomes, and chronic health conditions, SPA 7 consistently fares better when compared to SPA 6. Community leaders advocated for policies and benefits that combat the impacts of discriminatory policies.
- 6. Food insecurity:** Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses. The Downey service area had a higher SNAP enrollment rate (14 percent) than Los Angeles County (10 percent) and the state (10 percent). Community representatives shared that community members in the Downey service area face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status. They also discussed opportunities to increase food security by identifying community organizations (e.g., churches, social services providers, and other community-based organizations) that can meet community needs, engaging community members to increase awareness of existing resources, and expanding hours of service.

B. Health Needs Not Addressed

KFH-Downey 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-Downey Community Benefits Provided in 2023 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$25,871,215
Charity care: Medical Financial Assistance Program ²	\$29,326,351
Grants and donations for medical services ³	\$176,057
Subtotal	\$55,373,623
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$1,468,530
Youth Internship and Education Programs ⁵	\$230,890
Grants and donations for community-based programs ⁶	\$684,732
Community Benefit administration and operations ⁷	\$456,878
Subtotal	\$2,841,030
Benefits for the Broader Community	
Community health education and promotion programs	\$120,718
Community Giving Campaign administrative expenses	\$14,193
Grants and donations for the broader community ⁸	\$211,399
National Board of Directors fund	\$25,139
Subtotal	\$371,449
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$664,291
Non-MD provider education and training programs ¹⁰	\$1,098,520
Grants and donations for the education of health care professionals ¹¹	\$21,984
Health research	\$629,550
Subtotal	\$2,414,344
TOTAL COMMUNITY BENEFITS PROVIDED	\$61,000,446

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 are not included in the financial totals for 2024.

Access to care

KFH-Downey 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-Downey

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$25,871,215	\$0	\$29,326,351	\$55,197,566
2024	Individuals served	63,415	62	24,750	88,227

Residents of the Downey service area are adversely affected by disparities in access to care. The service area has a high rate of uninsured people as well as a high rate of those enrolled in Medicaid. Interviewed community leaders believe there is a lack of health education related to acquiring insurance and finding medical care, in addition to concerns around competing financial responsibilities, transportation needs, and finding culturally responsive providers. Kaiser Permanente partnered with Los Angeles Unified School District and St. Louise Resource Services in Downey 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 community materials to the community. The services targeted low-income families and communities with incomes of up to 300% of the federal poverty level. This partnership aimed to reach 800,000 individuals to successfully complete health coverage enrollment applications.

Food insecurity

Although the Downey service area has high SNAP enrollment, food insecurity continues to be an issue throughout the service area. Limited employment opportunities and high health care expenses also lead to financial burdens that impact food security. Community representatives shared that residents face barriers in accessing food, for example, they have limited access to fresh food or lack of transportation to access food distribution events. Some individuals also fear seeking out food assistance programs because of their immigration status. In an effort to combat these issues, Kaiser Permanente helped Support+Feed, a nonprofit with the commitment to mitigate climate change and increase food security by driving global demand, acceptance, and accessibility of plant-based food, to launch and expand a community-driven Free Farmers Market initiative in partnership with the City of Bell Gardens. With the goal of providing fresh, free, locally sourced produce, plant-based meals, and educational resources related to plant-based nutrition and food sustainability, the initiative aims to reach 2,500 people.

Housing

Like many areas in Los Angeles County, housing in the Downey service area is prohibitively expensive. Communities and immigrant families are more likely to experience severe housing burden and live in overcrowded housing. 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 support 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 linkages to other government-funded programs.

Income and employment

The Downey service area has significant rates of poverty and unemployment. It is evident that education and income disparities exist in the area, as Black and Hispanic or Latino residents have lower high school graduation rates and lower median household incomes when compared to their white counterparts. Given this issue, Kaiser Permanente partnered with Kingdom Causes Bellflower and EntreNous Youth Empowerment Services to support low- to moderate-income individuals and households to improve their financial health through increased access to financial coaching, safe financial products, and tax preparation services. Kingdom Causes Bellflower provides holistic housing services, job development opportunities through social enterprises, and community building opportunities to individuals, and EntreNous Youth Empowerment Services provides educational and occupational services to youth. Through the support from Kaiser Permanente, these organizations provided individuals with financial coaching and training and safe credit-building financial products, worked with individuals to establish financial goals, and provided organization staff with training to improve and expand on financial coaching services.

Mental and behavioral health

Mental & behavioral health issues are a significant concern in the Downey service area; in both SPA 6 and SPA 7, 8% of adults currently had depression, and 17% of adults in SPA 6 and 12% of adults in SPA 7 were at risk of developing major depression. Youth were identified as particularly impacted by mental health issues such as isolation, social anxiety, and lack of social cohesion. To ameliorate this health issue, Kaiser Permanente collaborated with Elevate Your G.A.M.E to strengthen their organizational capacity to provide effective youth mental health support, expand access to mental health resources and reduce stigma associated with accessing mental health services among youth ages 13-18, and foster emotional resilience and positive relationships among youth. By hiring a part-time mental health clinician to provide mental health training, education and consultation to staff and volunteer mentors, Kaiser Permanente will prepare staff, mentors, and volunteers with the skills and knowledge to support youth mental health and well-being; increased awareness and utilization of mental health services and resources among youth participants; and promote emotional resilience, leadership skills, and positive social connections among youth in Compton. The program aims to reach 2,996 youth, parents, caregivers, staff, and volunteers.

Structural inequities

Structural inequities have had a significant impact on educational and financial outcomes, access to care, and housing outcomes in the Downey service area. For example, many school districts in high-poverty neighborhoods receive less funding, which negatively impacts students' education achievement and graduation rates, and many residents in the Downey service area are uninsured. Given these health impacts, Kaiser Permanente worked with Community Partners, an organization known for fiscal sponsorship and intermediary work, to support grassroots nonprofit organizations in Watts that could benefit from building internal capacity to broaden the reach and impact of their programs. To foster a culture of continuous learning and streamline access to Kaiser Permanente funding, Community Partners regranted funds to support organizations with providing social and health services in Watts and building capacity internally by uplifting neighborhood leaders and broadening the reach and impact of their mission-driven work. The program aims to reach and provide grants to fifteen organizations.

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.