



Community Benefit Plan FISCAL YEAR 2022



RIVERSIDE

Southern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

Kaiser Foundation Hospitals (KFH)

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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 12.6 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

Kaiser Permanente is 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. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners with integrated clinical and social services.
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets.
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health. For information on the CHNA, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](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 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 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 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. Note that 'non-quantifiable benefits' will be highlighted in the Year-End Results section of KFH Community Benefit Plan, where applicable.

Table A**2022 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	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program ²	\$187,106,665
Grants and donations for medical services ³	\$24,435,416
Subtotal	\$822,308,437
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,398,981
Educational Outreach Program ⁴	\$839,692
Youth Employment programs ⁵	\$2,901,906
Grants and donations for community-based programs ⁶	\$14,526,431
Community Benefit administration and operations ⁷	\$13,731,405
Subtotal	\$35,398,415
Benefits for the Broader Community	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community ⁸	\$14,672,431
National Board of Directors fund	\$742,694
Subtotal	\$17,234,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$113,244,627
Non-MD provider education and training programs ¹⁰	\$31,918,517
Grants and donations for the education of health care professionals ¹¹	\$1,024,087
Health research	\$35,040,218
Subtotal	\$181,227,448
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,056,168,474

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 is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) 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. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

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 KFHP-Downey, KFHP-South Bay and KFHP-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 KFHP-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH 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-based organizations, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities. Currently, there are 3 programs available in every Kaiser Permanente region.

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. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. 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 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'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 to become health care professionals.

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-Riverside service areas demographic profile](#)

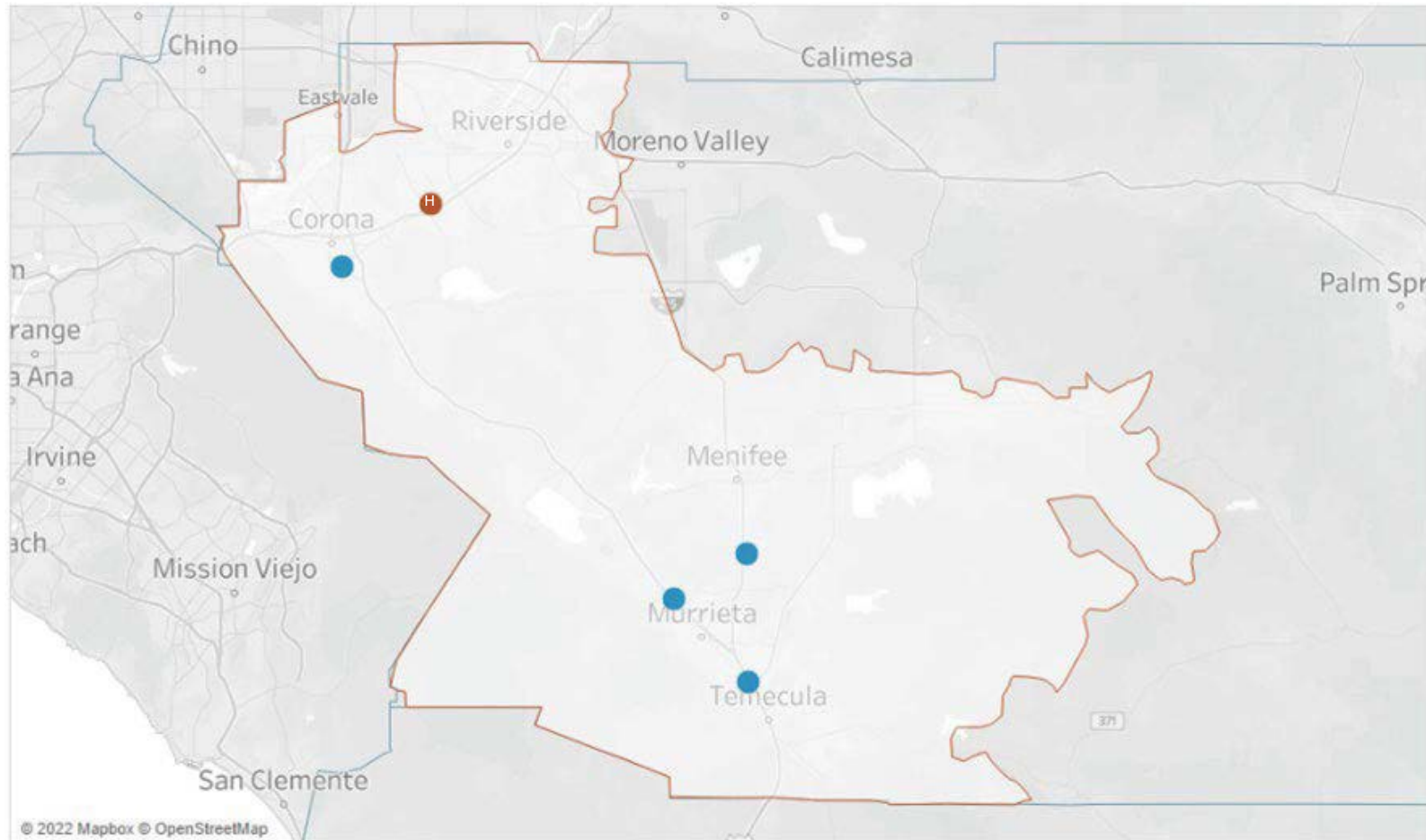
Total population:	1,485,220
American Indian/Alaska Native	0.4%
Asian	8.1%
Black	5.6%
Hispanic	46.9%
Multiracial	2.9%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	35.5%
Under age 18	26.5%
Age 65 and over	12.0%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Riverside service areas

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Riverside service area includes Corona, Eastvale, Hemet, Jurupa Valley, Lake Elsinore, Menifee, Murrieta, Norco, Quail Valley, Riverside, Romoland, Temecula, Wildomar, and Winchester.

IV. Description of Community Health Needs Addressed

KFH-Riverside is addressing the following health needs during the 2020-2022 Implementation Strategy period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to Care:** Access to adequate health care and mental health care include services in the community (e.g., nonprofits, free resources, etc.). According to 2016 data, roughly 14% are uninsured in Riverside, in contrast to 12% uninsured in the United States. Access to care was selected as a priority area because it was deemed critical in a survey we conducted asking the community which issues they identified as most important. Additionally, access to care was selected because KFH-Riverside finds health insurance coverage to be essential to improving the health of our community.
2. **Mental and Behavioral Health** (Mental Health and Substance Abuse): Community engagement data suggests mental health is a high priority for the local community. Residents in the KFH-Riverside service area report having 3.9 poor mental health days per month. In comparison, California residents report having 3.7 poor mental health days per month. There are also significant racial/ethnic disparities; one group had 63% higher than average rates of suicide in the service area. Behavioral health was selected largely due to growing community concern about the issue. Community members are concerned about minimizing the negative outcomes of poor mental health, such as suicide and interpersonal violence. At the same time, fewer poor mental health days ultimately equate to more good mental health days—which is at the heart of individuals flourishing.
3. **Economic Security:** Economic opportunities—such as education, jobs, affordable housing, and other opportunities to reduce poverty—are an upstream predictor of good health. Education, income, and access to gainful employment equate to better health care, and better quality of life. Economic opportunity was consistently identified as a priority issue throughout community engagement. Data supports community input: the median household income for Riverside is \$58,972 while the median for the state of California is \$64,500. Economic opportunity was selected as a priority area because it is a strong predictor of health. Poverty can impact education levels, access to healthy foods, health behaviors, and long-term health outcomes. Interventions aimed at improving the predictors of health, like economic opportunity, can result in better overall long-term health outcomes.
4. **Obesity, Diabetes, and Stroke:** Obesity has been a long-standing priority in the community. Additionally, obesity is considered an upstream health issue that can lead to deadly health ailments such as heart disease and diabetes. The obesity prevalence rate in the Riverside region is exceedingly high—approximately 25.7% of the population is obese. Obesity was selected as a priority area for several reasons. Foremost, obesity can lead to other health issues—so minimizing obesity could potentially reduce the prominence of a variety of health problems (e.g., diabetes, heart disease, some cancers, stroke, etc.). In addition, obesity affects a high proportion of the population, obesity has been a priority area for KFH-Riverside for quite some time, and there remains work to

be done for our community in this area. As part of these efforts, KFH-Riverside will also address food insecurity. Roughly 9.4% of people living in Riverside County experienced food insecurity at some point during the year. Ensuring that families have regular access to nutritious food is imperative for good long-term health.

B. Health Needs Not Addressed

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Riverside to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Riverside is in a position to meaningfully address the need. Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include asthma, cancer, and HIV/AIDS.

1. **Asthma:** Asthma was not selected as an area to address largely because the severity of the issue is not exceedingly alarming at this time— asthma currently results in a 13.3% reduction in length of life per year, which is lower than some of the other top health issues.
2. **Cancer:** Cancer was not selected due to the relatively low prevalence, affecting 4.0% of the KFH Riverside service area. In addition, there are community resources currently available to address the issue.
3. **HIV/AIDS:** HIV/AIDS was not selected because the prevalence is roughly 0.3% in the KFH Riverside service area. Lastly, there are other community organizations working to address HIV/AIDS.

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-Riverside Community Benefits Provided in 2022** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$14,830,564
Charity care: Medical Financial Assistance Program ²	\$5,421,729
Grants and donations for medical services ³	\$172,321
Subtotal	\$20,424,614
Other Benefits for Vulnerable Populations	
Grants and donations for community-based programs ⁶	\$516,521
Community Benefit administration and operations ⁷	\$540,696
Subtotal	\$1,057,217
Benefits for the Broader Community	
Community health education and promotion programs	\$100,665
Community Giving Campaign administrative expenses	\$11,393
Grants and donations for the broader community ⁸	\$216,355
National Board of Directors fund	\$25,582
Subtotal	\$353,995
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$2,755,024
Non-MD provider education and training programs ¹⁰	\$543,569
Grants and donations for the education of health care professionals ¹¹	\$77,314
Health research	\$625,110
Subtotal	\$4,001,017
TOTAL COMMUNITY BENEFITS PROVIDED	\$25,836,843

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Riverside. 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 grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Riverside service area and may also serve other KFH service areas. In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California provided the following services:

- Educational Theatre provided 39 events, reaching 3,379 youth and 221 adults across 8 locations.

In addition to the highlights outlined in the tables below to address specific health needs, Kaiser Permanente SCAL funded significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF-managed funds, however, are not included in the financial totals for 2022.

Need	Examples of most impactful efforts
Access to Care	<p>Medi-Cal and Charity Care: In 2022, KFH-Riverside provided access to care to 48,766 Medi-Cal members and provided financial assistance to 5,480 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Core Support for the California Health Care Safety Net Institute (SNI): SNI's mission is to support California's public health care systems by shaping statewide health policy, providing performance measurement and reporting expertise, and accelerating decision-making and learning within and across member systems. SNI will work with California's public health care systems by designing and implementing programming that improves access to care and system capacity to deliver higher quality, more equitable, and efficient health care. (This impacts 15 service areas across SCAL)</p>
	<p>Core Support for California Primary Care Association (CPCA): The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education, and services as key players in the health care delivery system to improve the health status of their communities. CPCA's core services include training, technical assistance, convenings, conferences, and peer networks. This will also support outreach activities to strengthen and engage membership and education of policymakers. (This impacts 15 service areas across SCAL)</p>
Economic Security	<p>Technical Assistance for Homekey 2.0 Applicants and Grantees: The mission of Enterprise Community Partners, Inc. is to make home and community places of pride, power, belonging, and platforms for resilience and upward mobility for all. Enterprise Community Partners, Inc. was awarded \$750,000 over 1 year. Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Enterprise Community Partners will provide technical assistance to Homekey applicants, including state, regional, and local public entities, to ensure successful applications and implementation of supportive housing. This grant is expected to provide 1,400 housing units. (This grant impacts 15 service areas across SCAL)</p>

Need	Examples of most impactful efforts
	<p>Inner City Capital Connections (ICCC): Initiative for a Competitive Inner City (ICIC) drives inclusive economic prosperity in under-resourced communities through innovative research and programs to create jobs, income, and wealth for residents. ICIC was awarded \$180,000 over 1.75 years. ICCC helps Black, Indigenous, and people of color- and woman-owned businesses from under-resourced communities build capacity for sustainable growth in revenue, profitability, and employment. ICIC provides a comprehensive 40-hour curriculum combining executive education, mentorship and coaching, connections to business networks and contracting opportunities, and access to debt and equity capital. The grant is expected to serve 750 individuals. (This grant impacts 15 service areas across SCAL)</p> <p>The Neighborhood Outreach Program: The mission of the Lutheran Social Services of Southern California (LSSSC) is to help the vulnerable members of the community. LSSSC was awarded \$24,500 over 1 year. The Neighborhood Outreach program focuses on emergency services, care coordination, and various supportive services that address the diverse needs of the rising homeless population in Riverside. The housing-first approach includes Needs Assessments, Continuum of Care referrals, and access to emergency and wraparound services that prevent chronic homelessness and reduce community health risks. This grant is expected to serve 1,175 homeless individuals.</p>
Mental and Behavioral Health	<p>Achieving a Healthier Generation Through Thriving Schools: The mission of the Alliance for a Healthier Generation, Inc. is to promote healthy environments so that young people can achieve lifelong good health. Alliance for a Healthier Generation, Inc. was awarded \$825,000 over 3 years for the project, Achieving a Healthier Generation with Thriving Schools. This will support school districts in under-resourced communities with implementing policies, systems, and environmental changes that will improve the health and well-being of students, staff, teachers, and families. This grant is expected to serve 854,135 students and teachers. (This grant impacts 15 service areas across SCAL)</p> <p>Supporting California Children's Behavioral Health: The mission of Children Now is to find common ground among influential opinion leaders, interest groups, and policymakers to develop and drive socially innovative win-win approaches to helping all children achieve their full potential. Children Now was awarded \$300,000 over 2 years to build on and coordinate the State's recent significant investments in school mental health. This work will help ensure all students and young people in California, especially those exposed to poverty, racism, or other adverse childhood experiences, have access to the behavioral health supports they need to thrive. (This grant impacts 15 service areas across SCAL)</p>

Need	Examples of most impactful efforts
	<p>Riverside County Substance Use Prevention and Mental Health: Reach Out West End's mission is to strengthen communities by bringing people together to break barriers to educational achievement, expand economic opportunities, and create safe, healthy, and innovative communities. Reach Out West End was awarded \$25,000 over 1 year to reduce mental health stigma and improve knowledge, capacity, and resilience in individuals and communities by offering substance use prevention and mental health training and services. This is expected to serve 1,200 teachers, school staff, and youth. (This grant impacts 2 service areas)</p>
Obesity, Diabetes, and Stroke	<p>Fair Access to Food: Nourish California is a statewide policy and advocacy organization with a mission of improving the health and well-being of low-income Californians by increasing their access to nutritious, affordable food. Nourish California was awarded \$212,500 over 2 years to foster fair access to food, amplifying stories, developing policies, and advancing systems change to help all Californians live the lives they want to lead. This policy change embedded in this project are expected to serve low-income older adults, low-income students during school and out of school, pregnant women and young families, households affected by climate-driven disasters, and licensed childcare providers. (This grant impacts 15 service areas across SCAL)</p>
	<p>100 Mile Club School Program: The mission of the 100 Mile Club, Inc. is to engage and empower students and families to achieve a healthy lifestyle through physical activity and preventing childhood inactivity and obesity, one child, one school, and one community at a time. 100 Mile Club was awarded \$25,000 over 1 year for the 100 Mile Club School Program. This grant is expected to serve 2,010 individuals by engaging students and families to be healthy and active. (This grant impacts 2 service areas)</p>

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount	Hospital	Amount
Antioch	\$26,979,813	Anaheim	\$21,601,870
Fremont	\$10,775,834	Baldwin Park	\$24,037,175
Fresno	\$16,122,555	Downey	\$36,123,611
Manteca	\$35,447,298	Fontana	\$49,456,960
Modesto	\$19,217,602	Irvine	\$8,249,194
Oakland	\$57,855,966	Los Angeles	\$51,258,150
Redwood City	\$17,607,838	Moreno Valley	\$10,967,852
Richmond	\$38,236,498	Ontario	\$13,561,310
Roseville	\$41,485,857	Panorama City	\$30,321,078
Sacramento	\$78,593,064	Riverside	\$25,836,843
San Francisco	\$37,437,762	San Diego (2 hospitals)	\$32,583,411
San Jose	\$35,086,101	South Bay	\$25,857,573
San Leandro	\$34,010,384	West Los Angeles	\$34,885,308
San Rafael	\$13,812,578	Woodland Hills	\$18,267,776
Santa Clara	\$46,557,864		
Santa Rosa	\$26,553,430		
South Sacramento	\$53,235,083		
South San Francisco	\$13,500,189		
Vacaville	\$18,910,992		
Vallejo	\$31,618,729		
Walnut Creek	\$20,114,925		
Northern California Total	\$673,160,362	Southern California Total	\$383,008,112

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 employment 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.