

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

WOODLAND HILLS  
Southern California Region



# Kaiser Foundation Hospitals (KFH)

## Table of Contents

### **I. Introduction and Background**

- A. About Kaiser Permanente
- B. About Kaiser Permanente Community Health
- C. Purpose of the Report

### **II. Overview and Description of Community Benefit Programs Provided**

- A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
- B. Medical Care Services for Vulnerable Populations
- C. Other Benefits for Vulnerable Populations
- D. Benefits for the Broader Community
- E. Health Research, Education, and Training Programs

### **III. Community Served**

- A. Kaiser Permanente's Definition of Community Served
- B. Demographic Profile of Community Served
- C. Map and Description of Community Served

### **IV. Description of Community Health Needs Addressed**

- A. Health Needs Addressed
- B. Health Needs Not Addressed

### **V. Year-End Results**

- A. Community Benefit Financial Resources
- B. Examples of Activities to Address Selected Health Needs

### **VI. Appendix**

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

## 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-Woodland Hills and West Ventura County service areas demographic profile](#)

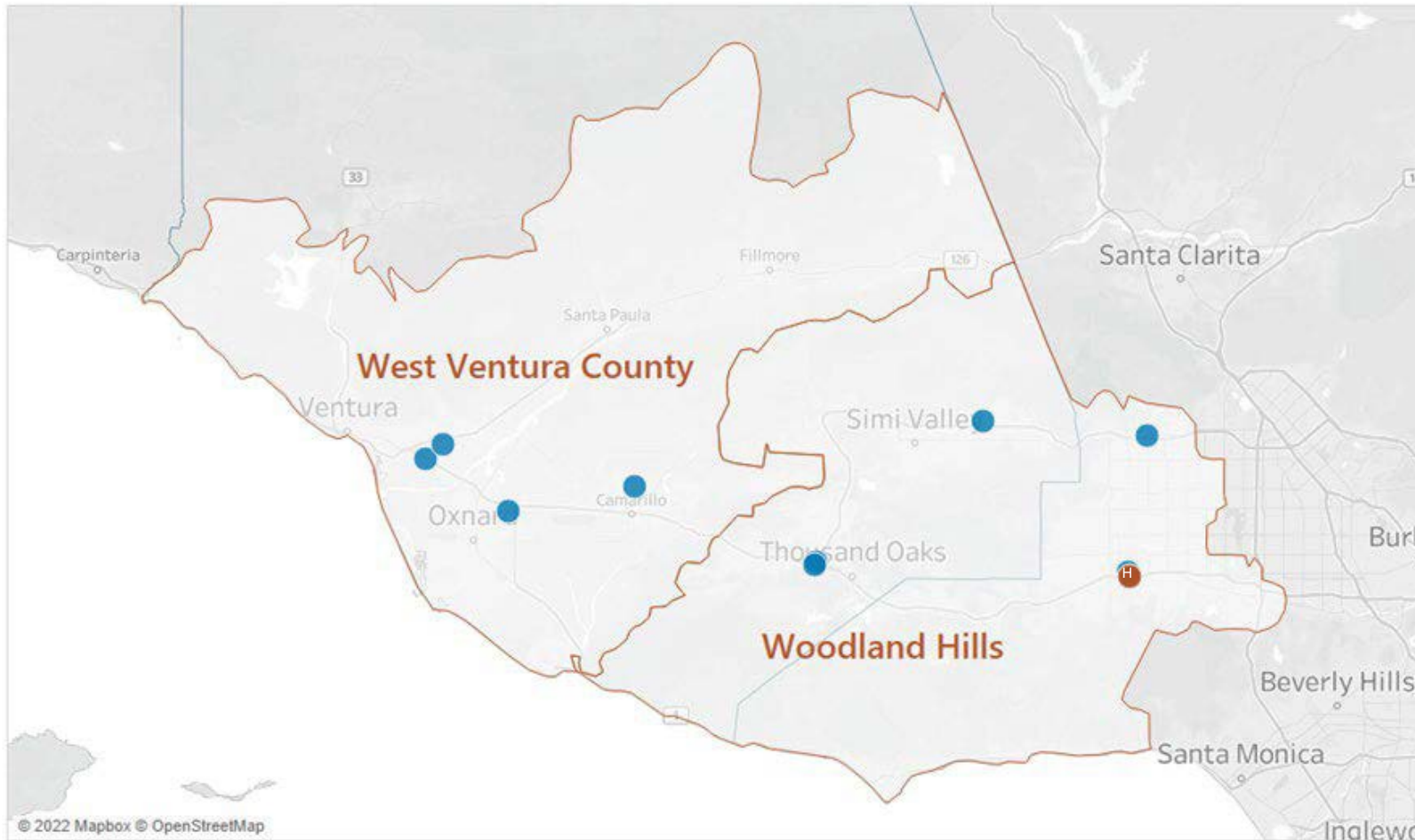
	Woodland Hills	West Ventura County
<b>Total population:</b>	<b>938,476</b>	<b>515,366</b>
American Indian/Alaska Native	0.2%	0.3%
Asian	12.7%	6.0%
Black	2.9%	2.0%
Hispanic	26.4%	57.0%
Multiracial	3.5%	2.2%
Native Hawaiian/other Pacific Islander	0.1%	0.2%
Other race/ethnicity	0.2%	0.1%
White	53.9%	32.2%
Under age 18	20.6%	24.3%
Age 65 and over	16.2%	13.9%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

### C. Map and Description of Community Served

KFH-Woodland Hills and West Ventura County service areas

 Kaiser Permanente hospital     Kaiser Permanente medical offices



The KFH-Woodland Hills and West Ventura County service areas include the west end of the San Fernando Valley and Ventura County, including the communities of Agoura, Calabasas, Camarillo, Canoga Park, Chatsworth, Encino, Fillmore, Moorpark, Newbury Park, Northridge, Oxnard, Porter Ranch, Reseda, Santa Paula, Sherman Oaks (west), Simi Valley, Tarzana, Thousand Oaks, Topanga, Ventura, Winnetka, and Woodland Hills.

## IV. Description of Community Health Needs Addressed

KFH-Woodland Hills and West Ventura County are addressing the following health needs during the 2023-2025 Implementation Strategy period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](#). (<http://www.kp.org/chna>).

### A. Health Needs Addressed

1. **Access to care:** Within the Woodland Hills service area, residents are less likely to be insured than the California average. Geographic disparities in insurance rates, including of insured children, are also associated with race: ZIP codes with a higher percent of people of color tend to have a lower percent of individuals insured (both for adult and children). A fear of embarrassment about accessing services such as reproductive health services, mental health services, and substance use services was also identified, particularly in West Ventura. Health education among the public was also identified as a concern in both West Ventura and Woodland Hills, including a lack of understanding of available services, and a misunderstanding of vaccines. A lack of transportation to services and a lack of culturally or linguistically appropriate services was also identified.
2. **Education:** Residents of the West Ventura service area have less formal education than the average American. In addition, 4<sup>th</sup> grade students in West Ventura scored worse on state exams than the national average. In both West Ventura and Woodland Hills, additional geographic disparities are closely associated with race: areas with a higher percent of non-White residents tend to have fewer adults with a high school diploma and lower preschool enrollment rates. In addition, expanding partnerships with schools, particularly for the purpose of improving health education, was recommended.
3. **Housing:** The median rental cost in the Woodland Hills service area is roughly \$2,200, and in the West Ventura service area is roughly \$1,700, both of which are much higher than the national rate. The percentage of income spent on mortgage costs is also much higher than the national average in both service areas. In addition, ZIP codes with a higher percent of people of color tend to have lower home ownership rates in both service areas, and more overcrowded housing in the Woodland Hills service area. The lack of permanent supportive housing for people experiencing homelessness was also identified as one of the biggest challenges to addressing health needs in both service areas.
4. **Mental & behavioral health:** In both Woodland Hills and West Ventura, mental health was identified as a need of growing concern, especially since the start of the COVID-19 pandemic. A lack of staff and a lack of specialized services were listed as some of the biggest challenges to addressing mental health needs. In addition, improved coordination with other health services, eliminating payment inequities for mental health staff, and providing improved health education (to reduce mental health stigma) were recommended. Additional education for health care providers and employers related to trauma informed care and cultural humility was also identified as a need, and as a strategy that could reduce health disparities and inequities.

- 5. Chronic disease & disability:** Heart disease, diabetes, and asthma are more prevalent in the Woodland Hills service area compared to the national average. Asthma is also more prevalent in the West Ventura service area compared to the national average. However, in the city of Oxnard, diabetes and obesity rates are relatively high, as are self-described rates of “fair or poor” health. Adding or expanding additional community health organizations, healthy food options, and early intervention programs in schools were identified as effective points of intervention in preventing and reducing the negative impact of chronic disease and disability.
- 6. Income & employment:** Significant geographic disparities in income are closely associated with race in both West Ventura and Woodland Hills. Higher poverty rates and lower median household incomes are more prevalent in ZIP codes with a higher percent of people of color. In addition, higher unemployment rates are also more prevalent in these ZIP codes in West Ventura. Income and employment needs are also closely associated with other needs, including housing, education, and access to care. Providing jobs training for underemployed and unemployed individuals, including training that can help address health care provider shortages were recommended.

## **B. Health Needs Not Addressed**

KFH-Woodland Hills and West Ventura County are addressing all significant needs identified in the 2022 CHNA implementation strategy.

## V. Year-End Results

### A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

**Table B****KFH-Woodland Hills and West Ventura County Community Benefits Provided in 2024** (Endnotes in Appendix)

<b>Category</b>	<b>Total Spend</b>
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$10,872,081
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$12,418,282
Grants and donations for medical services <sup>3</sup>	\$59,808
<b>Subtotal</b>	<b>\$23,350,171</b>
<b>Other Benefits for Vulnerable Populations</b>	
Youth Internship and Education programs <sup>5</sup>	\$98,608
Grants and donations for community-based programs <sup>6</sup>	\$394,903
Community Benefit administration and operations <sup>7</sup>	\$313,384
<b>Subtotal</b>	<b>\$806,895</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$80,971
Community Giving Campaign administrative expenses	\$9,521
Grants and donations for the broader community <sup>8</sup>	\$237,897
National Board of Directors fund	\$16,860
<b>Subtotal</b>	<b>\$345,249</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education <sup>9</sup>	\$1,186,223
Non-MD provider education and training programs <sup>10</sup>	\$445,255
Grants and donations for the education of health care professionals <sup>11</sup>	\$27,731
Health research	\$422,261
<b>Subtotal</b>	<b>\$2,081,469</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$26,583,785</b>

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

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

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

**Access to care**

KFH-Woodland Hills and West Ventura County 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-Woodland Hills and West Ventura County

<b>Year</b>	<b>Care &amp; coverage details</b>	<b>Medicaid, CHIP, and other government-sponsored programs</b>	<b>Charitable Health Coverage</b>	<b>Medical Financial Assistance</b>	<b>Total</b>
<b>2024</b>	<b>Investment</b>	\$10,872,081	\$0	\$12,418,282	\$23,290,363
<b>2024</b>	<b>Individuals served</b>	25,938	13	13,339	39,290

Access to healthcare remains a persistent challenge in the Woodland Hills and West Ventura service areas, where insurance coverage rates are lower than the state average. The impact is especially severe in communities of color, where uninsured rates for both adults and children are disproportionately high, and barriers such as fear of stigma, lack of transportation, and limited awareness of available services further prevented individuals from getting care. The Health Coverage and Enrollment grant Cohort was established to expand access to health services in underserved communities. This investment supports organizations in enrolling as many people as possible through Medi-Cal expansion, marketplace coverage, and programs like the Kaiser Permanente Community Health Care Program. The Los Angeles Unified School District, Maternal and Child Health Access Project, Mixteco Indigena Community Organizing Project, and the County of Ventura grantees provided insurance enrollment assistance, culturally responsive health education, and direct connections to care for 800,000 residents. Their efforts specifically targeted low-income families, immigrants, and communities with historically low coverage rates to improve long-term health outcomes.

**Chronic disease and disability**

Chronic diseases such as heart disease, diabetes, and asthma are more prevalent in the Woodland Hills service area than the national average, while West Ventura has significantly higher asthma rates, due to poor outdoor air quality. Low-income communities and communities of color face barriers to preventive care, limited access to nutritious food, and higher exposure to environmental health risks, increasing their vulnerability to chronic conditions. The Increasing Food Access for Low-Income Communities grant was established to reduce food insecurity and improve nutrition access for underserved populations. This initiative includes Food Share Inc., which distributes nutritious food to vulnerable residents and increases access to healthy and shelf-stable food. The program targets low-income families, seniors, farm workers, and individuals with limited access to grocery stores or culturally relevant healthy food options. This initiative aims to lower chronic disease rates, improve overall health outcomes, and promote health equity in communities most affected by food insecurity. As a result, 3,800 low-income Ventura County residents were expected to have increased food access.

## **Education**

Educational attainment in the Woodland Hills and West Ventura service areas lags behind the national average, with lower preschool enrollment and high school completion rates, particularly in communities of color. Students in these areas face systemic barriers, and fourth-grade academic performance is significantly lower than state and national averages, making early intervention crucial. The Improving Educational Attainment grant was established to enhance student success through leadership development, academic mentorship, and college readiness programs. Future Leaders of America, a key grant recipient, works to empower underserved youth by providing leadership training and support for academic achievement. This initiative serves low-income, first-generation students (13-18 years old) and historically marginalized communities. This program aims to increase high school graduation rates, boost college enrollment, and improve long-term career opportunities for disadvantaged youth.

## **Housing**

Housing costs in the Woodland Hills service area are significantly higher than the national average, with median rental costs at \$2,200—88% higher than the national benchmark. Communities of color face greater housing instability, as areas with a higher percentage of non-white residents experience lower homeownership rates and more overcrowded housing. The lack of affordable housing and legal support for at-risk tenants exacerbates housing insecurity and worsens health outcomes. The Housing-Related Legal Support for At-Risk Tenants grant cohort was launched to expand access to legal assistance and tenant rights education. Neighborhood Legal Services of Los Angeles and Mental Health Advocacy Services provided legal advocacy and eviction prevention support to vulnerable renters in the Woodland Hills and West Ventura service areas. By preventing evictions and stabilizing housing for at-risk tenants, this initiative aimed to reduce housing insecurity and improve long-term health outcomes for 12,859 low-income renters and individuals facing housing instability.

## **Income and employment**

Significant income disparities exist in the Woodland Hills and West Ventura service areas, where communities of color experience higher poverty rates, lower median household incomes, and greater unemployment challenges. These economic disparities limit access to healthcare, housing, and education, creating barriers to long-term financial stability and overall well-being. The Supporting Diverse Entrepreneurs grant cohort was launched to help underrepresented entrepreneurs gain financial independence through business training and mentorship. The Women's Economic Ventures grantee provided financial education, coaching, and business development resources to women and minority entrepreneurs. This initiative empowered small business owners in low-income communities, helping them achieve financial stability and long-term success. By expanding economic opportunities and supporting small business growth, this program aimed to increase financial security, create jobs, and promote economic mobility for 1,664 historically marginalized entrepreneurs.

## **Mental and behavioral health**

Mental health concerns are growing in the Woodland Hills and West Ventura service areas, with increased demand for services and a shortage of mental health providers. The COVID-19 pandemic intensified these challenges, particularly for communities of color and low-income residents who faced stigma and limited access to culturally appropriate services. The Youth Mental Health Capacity Development grant cohort was launched to expand access to mental health resources and strengthen organizational capacity to provide effective youth mental health support. The RaisingHOPE, Inc. grantee will provide trauma-informed support, mentorship, and crisis intervention for 2,996 diverse youth ages 13-18, parents/caregivers, staff, and volunteers. RaisingHOPE also hired a Mental Health Coordinator to train staff on mental health topics relevant to teens in the foster care system. This initiative will equip staff and mentors with the skills to support youth, increase awareness and use of mental health services, and help youth develop resilience and leadership skills.

## 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
<b>Northern California Total</b>	<b>\$1,152,617,863</b>

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
<b>Southern California Total</b>	<b>\$665,111,065</b>

## Appendix B

### Endnotes

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- <sup>6</sup> 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.
- <sup>7</sup> The amount reflects the costs of the community benefit department and related operational expenses.
- <sup>8</sup> Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- <sup>9</sup> Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- <sup>10</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>11</sup> 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.