Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

ANAHEIM & IRVINE

Southern California Region

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

KAISER PERMANENTE®

Kaiser Foundation Hospitals (KFH)
Table of Contents

I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For more than 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technological advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It is also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy is not just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

For information on the CHNA, refer to the 2022 Community Health Needs Assessments and Implementation Strategies (http://www.kp.org/chna).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual year-end community benefit reporting regulations under the California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2024, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of $**1,817,728,928** in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Table A. Note that ‘non-quantifiable benefits’ will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2024 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

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

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 32 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who do not have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services, and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, addressing workforce shortages and enhancing cultural competency within the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community-based organizations, and schools.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy, and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from underserved communities with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy

and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

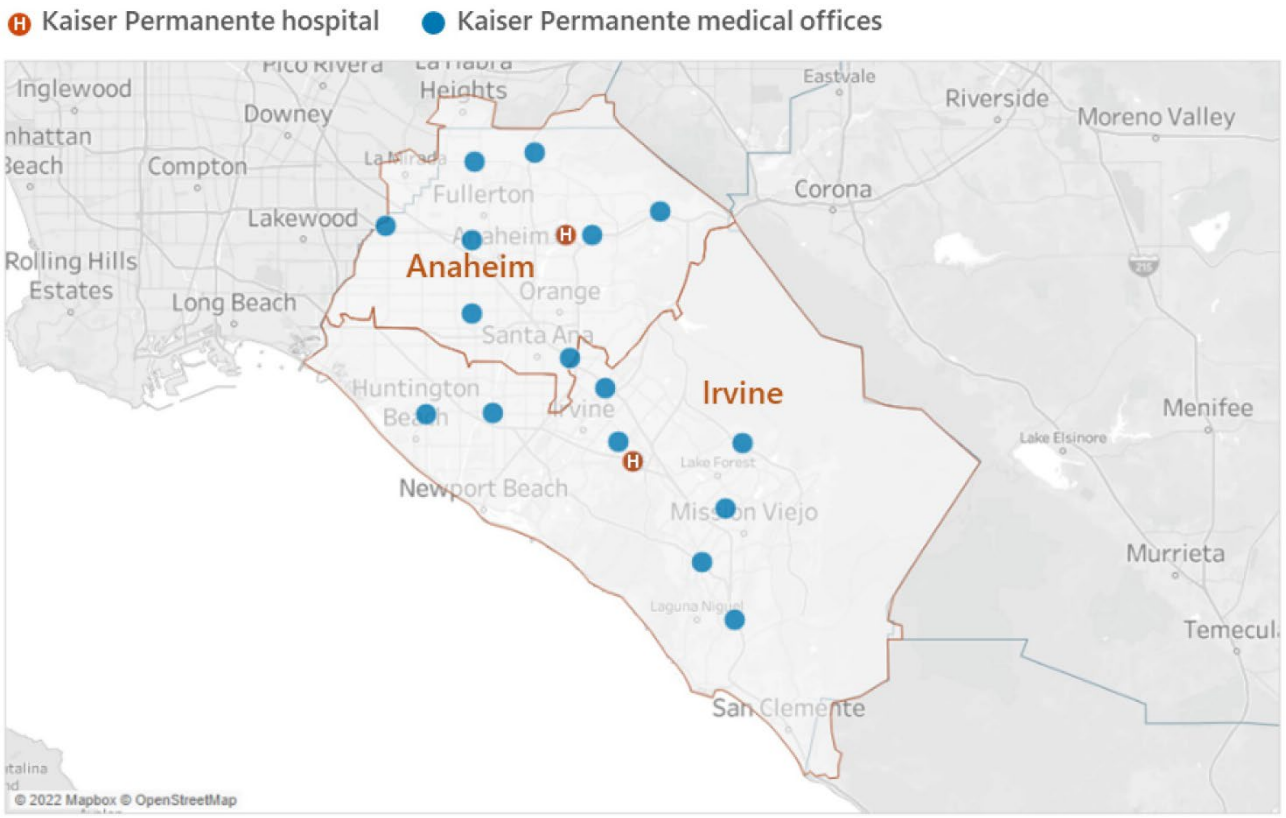
KFH Orange County–Anaheim and Irvine service areas demographic profile

	Anaheim	Irvine
Total population:	**1,576,905**	**1,712,669**
American Indian/Alaska Native	0.2%	0.2%
Asian	21.4%	21.2%
Black	1.9%	1.4%
Hispanic	45.5%	24.4%
Multiracial	2.2%	3.6%
Native Hawaiian/other Pacific Islander	0.3%	0.2%
Other race/ethnicity	0.2%	0.2%
White	28.3%	48.8%
Under age 18	23.2%	21.1%
Age 65 and over	13.2%	15.7%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH Orange County–Anaheim and Irvine service areas



The KFH-Anaheim service area includes Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

The KFH-Irvine service area includes Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Anaheim and Irvine are addressing 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. **Mental & behavioral health:** Mental health needs in Orange County are particularly apparent among youth and the uninsured. Uninsured individuals have higher rates of suicidal ideation and higher rates of having serious psychological issues during the past year. Teens in Orange County are more likely than other California teens to have needed help for mental and emotional issues in the last year, and this need is even greater among Asian and Pacific Islander teens. Improving the mental health crisis response system and improving services for younger children were among the recommended strategies for improving local mental health.
2. **Access to care:** Latinos and Asians in Orange County are more likely to be uninsured compared to Latinos and Asians in California overall, and uninsured rates can vary significantly by ZIP code. In the Irvine service area, access to care is geographically associated with communities in which a larger proportion of people of color live: The increased use of telehealth since the start of the COVID-19 pandemic has improved access to care in some ways but can be difficult to navigate for some populations. The importance of cross-service collaboration was also highlighted as key to improving overall access to care.
3. **Income & employment:** Inequities of income and employment in Orange County tend to be associated with geographic patterns due to historical systemic disparities. In underserved communities' unemployment rates tend to be higher and median incomes lower. As one key informant noted, the high costs of living impacts people more, so there is less money for health care, and other things. Orange County is an expensive place to be poor. Overall, many employees who work in Orange County tend to have long commutes, as they are forced to live far from their workplace where housing is more affordable. In addition, the lack of affordable childcare (for working parents) also identified as a key concern for Orange County.
4. **Housing:** Rent and mortgage costs are very high in Orange County. In addition, higher rates of overcrowded housing and lower home ownership rates tend to be associated with geographic areas that have a higher percent of people of color. The high cost of housing was attributed to an overall housing shortage, high development costs, and opposition to affordable housing projects from existing property owners. The cost of housing has made it difficult for younger individuals and newer families to afford local housing, and many are forced to move out of the area.
5. **Food insecurity:** Some areas within Orange County have very high rates of students eligible for free and reduced-price lunches, including Santa Ana, Anaheim, Costa Mesa, and Garden Grove. In addition, Orange County teens consume much fewer servings of fruits and vegetables, and more fast food, than California teens in general. Streamlining the administrative

process for Cal Fresh enrollment, as well as further tailoring supportive food programs to individuals' nutritional profiles, especially for older individuals, were recommended as local improvements.

B. Health Needs Not Addressed

The significant health need identified in the 2022 CHNA that KFH-Anaheim and Irvine do not plan to address is Education. The reasons Education was not selected include the need is incorporated into other needs selected and aspects of this need will be addressed in strategies for other needs.

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-Anaheim and Irvine Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Anaheim	Irvine
Medical Care Services for Vulnerable Populations	**Total Spend**	**Total Spend**
Medi-Cal shortfall[1]	$9,739,007	$4,312,016
Charity care: Medical Financial Assistance Program[2]	$15,100,830	$11,967,039
Grants and donations for medical services[3]	$83,828	$43,828
Subtotal	***$24,923,665***	***$16,322,883***
Other Benefits for Vulnerable Populations		
Youth Internship and Education Programs[5]	$88,527	$66,626
Grants and donations for community-based programs[6]	$838,250	$523,762
Community Benefit administration and operations[7]	$359,988	$288,906
Subtotal	***$1,286,765***	***$879,294***
Benefits for the Broader Community		
Community health education and promotion programs	$97,654	$77,388
Community Giving Campaign administrative expenses	$11,481	$9,099
Grants and donations for the broader community[8]	$46,932	$96,932
National Board of Directors fund	$20,336	$16,116
Subtotal	***$176,403***	***$199,535***
Health Research, Education, and Training		
Graduate Medical Education[9]	$3,138,800	$0
Non-MD provider education and training programs[10]	$908,720	$425,995
Grants and donations for the education of health care professionals[11]	$13,261	$13,261
Health research	$509,266	$403,581
Subtotal	***$4,570,046***	***$842,837***
TOTAL COMMUNITY BENEFITS PROVIDED	**$30,956,879**	**$18,244,549**

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

Kaiser Permanente Orange County–Anaheim and Irvine medical centers ensure 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, Orange County–Anaheim Medical Center

Year	Care and coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$9,739,007	$0	$15,100,830	$24,839,837
2024	**Individuals served**	42,669	48	20,485	63,202

Care and coverage programs, Orange County–Irvine Medical Center

Year	Care and coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$4,312,016	$0	$11,967,039	$16,279,055
2024	**Individuals served**	27,545	37	10,426	38,008

Latinos and Asians in Orange County were more likely to be uninsured compared to Latinos and Asians in California overall, and uninsured rates varied significantly by ZIP code. The increased use of telehealth since the start of the COVID-19 pandemic improved access to care in some ways but made it difficult to navigate for some populations. The goal of the Health Coverage and Enrollment grant was to support organizations with enrollment of as many people as possible through Medi-Cal expansion, transition to marketplace coverage, and other coverage options such as the Kaiser Permanente Community Health Care Program. Through this grant, the Community Health Initiative of Orange County reached 800,000 individuals, focusing on low-income communities with family income of up to 300% of the federal poverty level. These individuals received enrollment support, prescreening, direct application assistance, and were reached with outreach and education activities. The expected outcome of this grant is to ensure community members can be reached and to successfully complete health coverage enrollment applications.

Food insecurity

Some areas within Orange County have very high rates of students eligible for free and reduced-price lunches, including Santa Ana, Anaheim, Costa Mesa, and Garden Grove. In addition, Orange County teens consumed much fewer servings of fruits and vegetables, and more fast food, than California teens in general. The goal of the Equitable Access to Healthy Food grant is to improve food and nutrition security through evidence-based Food is Medicine (FIM) strategies with a focus on serving communities disproportionately impacted by diet-related diseases and food insecurity. Through this grant, Community SeniorServ, Inc. and Community Action Partnership of Orange County reached 20,050 individuals, focusing on low-income individuals. Efforts by these grantees ensured their priority populations had consistent access to either customized meals or quality fresh produce to maintain nutritious diets. The expected outcome of this grant is to deliver MTM to approximately 800,000 eligible individuals, and to improve food and nutrition security through equitable healthy food access in underserved communities.

Housing

Rent and mortgage costs are very high in Orange County. In addition, higher rates of overcrowded housing and lower home ownership rates were associated with geographic areas that had a higher percent of people of color. The goal of the Housing-Related Legal Support for At Risk Tenants grants was to strengthen the capacity of legal aid organizations and Medical-Legal Partnership programs to prevent evictions and increase housing stability. Through these grants, the Public Law Center served individuals in low-income communities. Medical-Legal Partnerships helped prevent eviction and ensured adequate, affordable, and stable housing for individuals and families through a variety of housing resolution options. The expected outcome of these grants is to increase organizational capacity to provide housing-related legal services to individuals at risk of or facing homelessness, and to launch or expand Medical-Legal Partnership housing related legal services with health care organizations.

Income & employment

In Orange County’s communities of color, unemployment rates tend to be higher and median incomes lower compared to the county overall. Additionally, employees’ long commutes and the lack of affordable childcare for working parents also contribute to financial hardship. The goal of the Reducing Financial Hardship and Building Financial Stability grants are to support low- to moderate-income individuals and households to improve their financial health. Through these grants, Family Assistance Ministries, Innovative Housing Opportunities, Inc., and Jamboree Housing Corporation reached 4,045 low-income individuals and households. These programs worked with individuals to start a savings plan or establish at least one financial goal, such as establishing or improving credit scores, increasing savings, acquiring assets, and/or experiencing lower levels of stress related to finances. Expected outcomes of these grants include improved financial health and credits scores for low- to moderate-income individuals and households.

Mental & behavioral health

Mental health needs in Orange County are particularly apparent among youth and the uninsured: uninsured individuals have higher rates of suicidal ideation and higher rates of having serious psychological issues during the past year. Teens in Orange County are more likely than other California teens to have needed help for mental and emotional issues in the last year, and this need is even greater among Asian and Pacific Islander teens. The goal of the Youth Mental Health Capacity Development grant are to strengthen organizational capacity to provide effective youth mental health support, reduce stigma among youth, and foster emotional resilience and positive relationships. Project Kinship and the Wellness and Prevention Foundation hired staff to increase capacity for addressing youth mental health among existing mentorship programs. This grant reached approximately 3,000 youth, parents/caregivers, and program staff, with a focus on youth ages 13-18. Expected outcomes of this grant include staff and mentors being better equipped to support youth mental health and well-being, increased awareness and utilization of mental health services among youth participants, and improved emotional resilience, leadership skills, and positive social connections among youth.

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.