

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

BALDWIN PARK
Southern California Region



Kaiser Foundation Hospitals (KFH)

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I. Introduction and Background

A. About Kaiser Permanente

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

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

B. About Kaiser Permanente Community Health

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

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

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

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

C. Purpose of the Report

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

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

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

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

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

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

Table A

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

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

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 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 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 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-Baldwin Park service area demographic profile

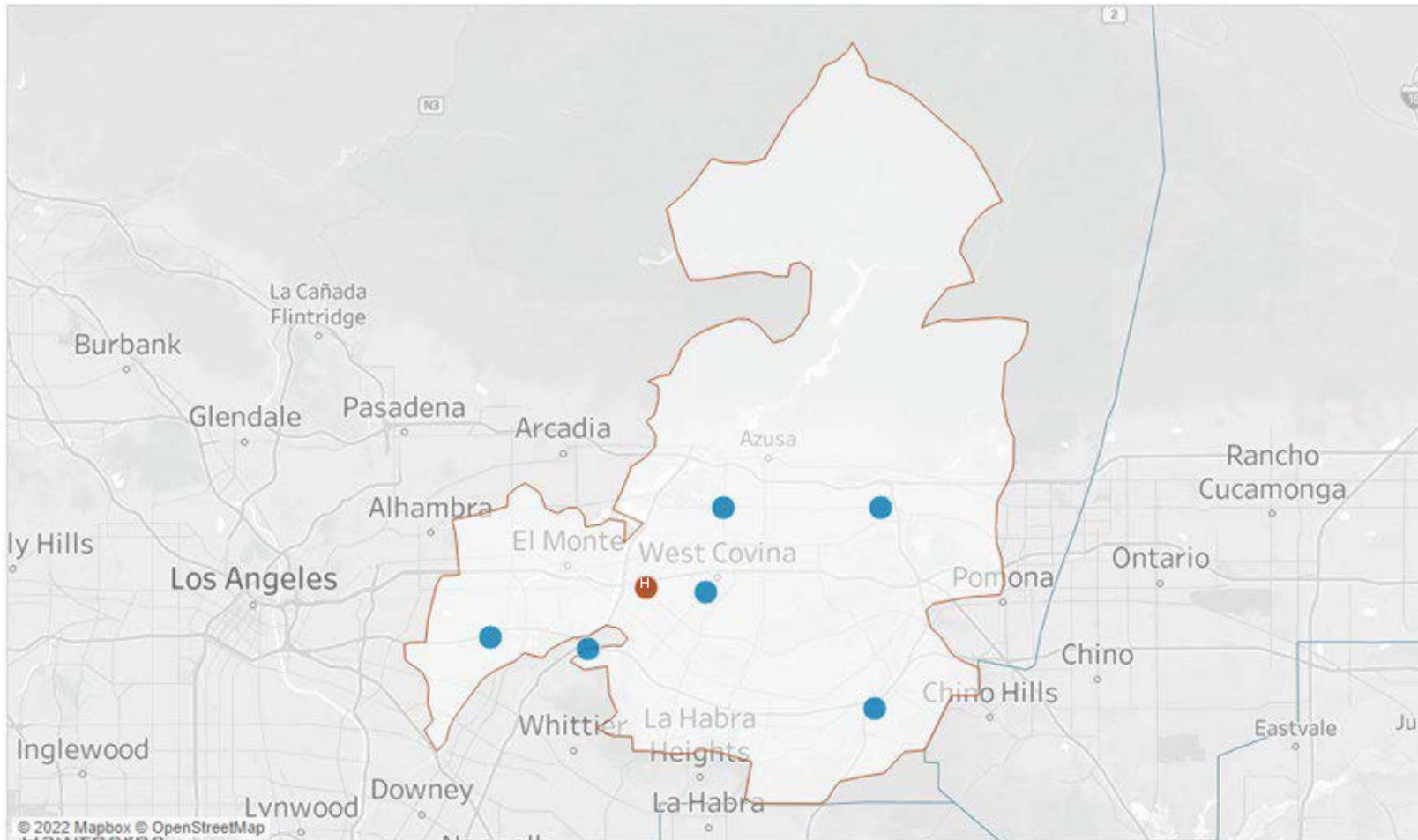
Total population:	1,199,753
American Indian/Alaska Native	0.2%
Asian	27.8%
Black	1.9%
Hispanic	54.0%
Multiracial	1.4%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.1%
White	14.5%
Under age 18	21.3%
Age 65 and over	15.2%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Baldwin Park service areas

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Baldwin Park service area includes Azusa, Baldwin Park, Covina, Diamond Bar, Duarte, El Monte, Glendora, Hacienda Heights, Irwindale, City of Industry, La Puente, La Verne, Monrovia, Montebello, Monterey Park, Pico Rivera, Pomona, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Temple City, Valinda, Walnut, and West Covina.

IV. Description of Community Health Needs Addressed

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

A. Health Needs Addressed

1. **Income & employment:** As identified in the CHNA, residents in the Baldwin Park service area are poorer than average Californians. Median household income is over 10 percent lower than the California state average. Additionally, more than one in ten residents in the Baldwin Park service area are living below the poverty line. This level of poverty is not directly related to local income inequality, which is within the typical range for the state, but may reflect a higher unemployment rate – which is over 16 percent. Many of the local experts mentioned that organizations within the Baldwin Park service area are collaborating to offer free or subsidized resources (e.g., free transportation and discounted telehealth devices).
2. **Access to care:** Approximately 8.6 percent of residents in the Baldwin Park service area are uninsured, compared to only 7.5 percent at the state level. Additionally, the Baldwin Park service area has fewer primary care physicians per 100,000 population than the state. In key informant interviews, access to care was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving access to care were common – including improving navigation of services and resources, addressing provider shortages, and increasing the availability of telehealth care/virtual health care.
3. **Housing:** Of the seven Housing indicators assembled in the Kaiser Permanent Community Health Needs Dashboard, all show that housing conditions in the Baldwin Park service area are worse than the national average; furthermore, six of the seven housing indicators are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average. The median rental cost is \$1,600, much higher than the national average. Residents of the Baldwin Park service area who have a mortgage spend roughly twice as much of their income on their mortgages as the national average. There was a general sense of urgency among the key informant interviewees that local jurisdictions throughout the Baldwin Park service area need to follow through with their plans to build affordable housing.
4. **Mental & behavioral health:** The Baldwin Park service area has fewer mental health providers per 100,000 population than the state. In key informant interviews, Mental & Behavioral Health was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving mental & behavioral health were common. These proposed investments included destigmatizing mental health issues – especially among some subgroups of the population, addressing mental health service shortages, and decreasing the costs of mental health care.
5. **Education:** Nearly one in four of the adult residents in the Baldwin Park service area do not have a high school diploma, which is higher than both the California and national averages. However, when considering the other five education

indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, the residents of the Baldwin Park service area have educational attainment that is typical for United States residents. Although, this average may conceal some equity issues in education. ZIP codes that have higher underserved populations tend to have fewer adults with a high school diploma and fewer adults with some college education on average. Local experts provided many suggestions on how health care organizations should invest to meet the educational needs identified in the CHNA, including investments in vaccine education, nutritional education (e.g., how to read a food label, cooking healthy food), labs and vitals education (e.g., understanding blood work), chronic disease education (e.g., how to prevent and manage diabetes), and general navigation of the health care system.

B. Health Needs Not Addressed

KFH-Baldwin Park is addressing all significant needs identified in the 2022 CHNA implementation strategy.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported as follows:

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

Table B**KFH-Baldwin Park Community Benefits Provided in 2024** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$15,598,895
Charity care: Medical Financial Assistance Program ²	\$22,189,248
Grants and donations for medical services ³	\$124,313
Subtotal	\$37,912,456
Other Benefits for Vulnerable Populations	
Educational Outreach Program ⁴	\$805,369
Youth Internship and Education programs ⁵	\$264,609
Grants and donations for community-based programs ⁶	\$462,607
Community Benefit administration and operations ⁷	\$327,711
Subtotal	\$1,860,296
Benefits for the Broader Community	
Community health education and promotion programs	\$84,975
Community Giving Campaign administrative expenses	\$9,991
Grants and donations for the broader community ⁸	\$33,906
National Board of Directors fund	\$17,695
Subtotal	\$146,567
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$220,361
Non-MD provider education and training programs ¹⁰	\$349,246
Grants and donations for the education of health care professionals ¹¹	\$22,759
Health research	\$443,144
Subtotal	\$1,035,510
TOTAL COMMUNITY BENEFITS PROVIDED	\$40,954,828

B. Examples of Activities to Address Selected Health Needs

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

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

Access to care

KFH-Baldwin Park 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-Baldwin Park

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$15,598,895	\$0	\$22,189,248	\$37,788,143
2024	Individuals served	35,372	6	20,680	56,058

The Baldwin Park service area experiences shortfalls in access to care and approximately 8.6% of residents in the service area are uninsured. Access to comprehensive, quality health care services, including having insurance, local care options, and a usual source of care, is important for ensuring quality of life for residents. In an effort to combat health insurance coverage and enrollment barriers, Kaiser Permanente partnered with numerous organizations, such as Asian Pacific Health Care Venture, Los Angeles Unified School District, Maternal and Child Health Access Project, and Herald Christian Center to enroll as many people as possible through Medi-Cal Expansion, transition to marketplace coverage, and other coverage options such as Kaiser Permanente's Community Health Care Program. Focused on outreach, engagement, retention, and education on coverage options and benefits, this partnership provided various levels of support including insurance enrollment, pre-screening, direct application assistance, and dissemination of print and digital materials to the community. The services target low-income families and communities with incomes of up to 300% of the federal poverty level. This initiative ensured community members could complete enrollment applications into health insurance programs.

Education

Education is linked to health, with higher education levels associated with better health and longer lifespans. In Baldwin Park, 25% of adults lacked a high school diploma, impacting their health, quality of life, and life expectancy. Community leaders suggest health care organizations invest in nutritional education and support for navigating the health care system. Kaiser Permanente partnered with Catholic Charities of Los Angeles to address these needs in San Gabriel by distributing emergency food, providing nutrition workshops, offering utility assistance, and helped families enroll in CalFresh benefits. The program serves low-income families, including those with heads of households with limited education.

Housing

Like many areas in Los Angeles County, housing in the Baldwin Park service area is prohibitively expensive. Many residents faced significant housing burdens, lived in overcrowded conditions, and experienced housing instability. With the aim of increasing housing stability, preventing evictions, and ensuring safe and stable housing for community residents, Kaiser Permanente partnered with Neighborhood Legal Services of Los Angeles County and Mental Health Advocacy Services to strengthen their legal aid capacity and Medical-Legal Partnership programs. The support increased organizational capacity to provide housing-related legal services through legal professional staff, case management, technology, and outreach activities. So far, this work has reached individuals at risk of or experiencing homelessness.

Income & Employment

Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Residents in the Baldwin Park service area are poorer than average California residents, and poverty disproportionately affects underserved communities as they are more likely to earn less and be unemployed. In efforts to counteract this for future generations, Kaiser Permanente partnered with Think Together to provide academic and socioemotional support to students in Azusa and La Puente, two areas with significant challenges such as crime, drugs, gangs, and high rates of teen pregnancy. Students in the area are primarily Hispanic or Latino (93%), with 89% qualifying for free and reduced-priced meals, and 18% classified as English Learners. Many come from families where 40% of parents have not completed high school and 24% have less than a ninth-grade education, limiting their ability to support their children's academic journey. Through partnerships with Azusa and Bassett High Schools, Think Together aims to equip students with employability skills, offer paid internship opportunities, and ensure they were prepared for high-skill, high-wage employment, with an additional focus on financial literacy and career exploration to help students navigate their future successfully. The success of the program was evident, with almost 97% of participants enrolled in college and 62% currently in the workforce. Think Together fostered personal growth and confidence, empowered students to navigate their futures with a sense of purpose and direction.

Mental & Behavioral Health

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Mental and behavioral health is a critical need in the Baldwin Park service area, which has fewer mental health providers per 100,000 residents than the state average and relatively higher rates of needing mental health support. Kaiser Permanente has teamed up with YWCA of San Gabriel Valley, an organization committed to providing women, girls, seniors and their families with the information they need to manage the critical issues of their lives, to develop and pilot a mentorship program to enhance protective factors related to mental health and deliver workshops for youth and caregivers to increase awareness of mental health. This initiative sought to improve organizational capacity among staff, mentors, and volunteers for effective youth mental health support, expand access to mental health resources, reduce stigma among youth, and promote emotional resilience and positive relationships 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.