Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

FRESNO

Northern 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)
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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).

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

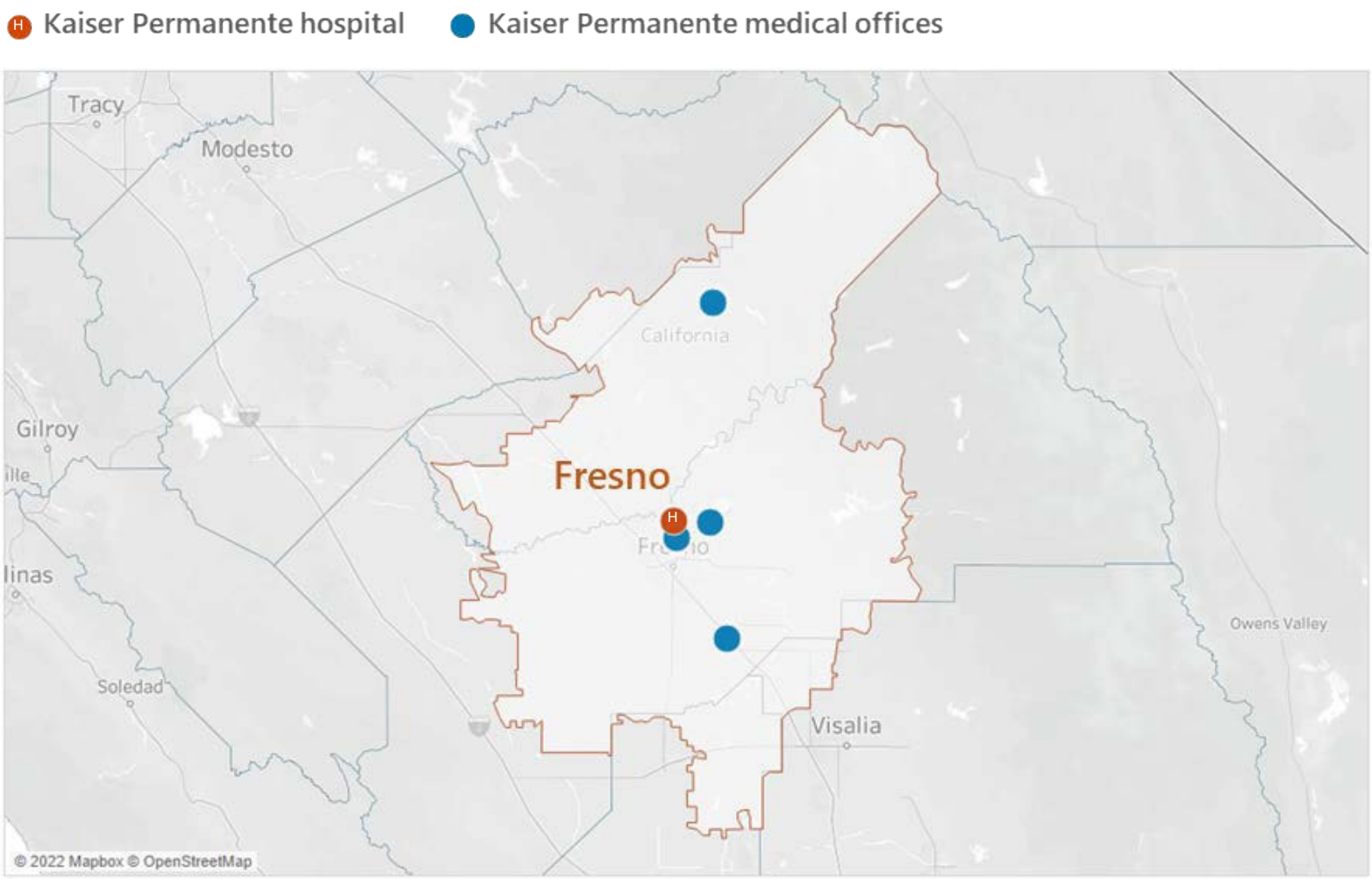
KFH-Fresno service area demographic profile

Total population:	**1,206,026**
American Indian/Alaska Native	0.6%
Asian	9.0%
Black	4.1%
Hispanic	54.7%
Multiracial	2.1%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	29.2%
Under age 18	28.7%
Age 65 and over	12.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Fresno service area



The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O'Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Yokuts Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Fresno is 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. **Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care such as a primary health care provider — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Fresno service area is strained, lacking easily accessible, affordable health care providers who represent the communities they serve. This provider shortage exacerbates existing inequities experienced by disadvantaged and underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area facilitating access to care for low-income service area residents, however communities with large Hispanic populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers. The pandemic negatively impacted Fresno service area residents' ability and desire to access health care and the switch to telehealth proved difficult for seniors and those with unreliable internet access.
2. **Healthy Eating Active Living opportunities:** The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Parts of the Fresno service area lack access to healthy food due to financial and geographic barriers. While SNAP enrollment in the service area is more than double the state average, the number of convenience stores is also significantly higher, indicating service area residents' need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. Key informants described food bank services as in high demand and needing more culturally appropriate offerings. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases. The built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Fresno service area has less infrastructure to support physical activity, including: less tree canopy cover, a lower walkability index, and a smaller percentage of workers commuting by public transit, walking, or biking than the state average. Additionally, ZIP codes with larger Hispanic populations than the service area average saw lower walkability indexes. Key informants stated that residents in lower-income communities simply do not have a built environment and community infrastructure to support a healthy lifestyle.
3. **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 participate fully in family and community activities. Mental and behavioral health is a critical and

urgent health need in the Fresno service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations where the need has been amplified by the pandemic. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language/culture, and social stigma. Key informants in the Fresno service area identified substance use as a top need, stressing the inextricable tie to mental and behavioral health and noting that there was a substantial rise in substance use during the pandemic. Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Key informants listed children, adolescents, the elderly, unhoused, low-income residents, immigrants, LGBTQ+ residents, and communities of color as having high need for accessible mental health services.

4. **Income & employment:** Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. While employment rates in the Fresno service area are higher than the California average, income is lower, and poverty is higher. As a result, food insecurity is a concern for many residents. Affordable, easily accessible healthy foods are a key element of the social determinants of health, and programs such as WIC and the Fresno County Health Improvement Partnership are working to ensure sustainable access to healthy foods for children. However, key informants expressed concern that these organizations are limited in what they can accomplish and asserted that more resources are needed. Areas with larger Hispanic populations than the service area average perform better than the state average on employment indicators (unemployment rate and the jobs proximity index), while simultaneously performing worse on all income and poverty indicators, pointing to disparities in quality jobs. Key informants felt that inequities in economic security were made more apparent during the pandemic and that communities of color were disproportionately affected.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that KFH-Fresno does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Chronic disease & disability	Community safety	Housing
Community does not prioritize this need over other issues	x		
Less feasibility to make an impact on this need		x	
Less ability for Kaiser Permanente to leverage expertise or assets to address this need		x	x
Aspects of this need will be addressed in strategies for other needs	x	x	x

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-Fresno Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$8,222,427
Charity care: Medical Financial Assistance Program[2]	$20,892,324
Grants and donations for medical services[3]	$678,051
Subtotal	***$29,792,802***
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs[4]	$90,175
Grants and donations for community-based programs[5]	$1,967,305
Community Benefit administration and operations[6]	$174,008
Subtotal	***$2,231,488***
Benefits for the Broader Community	
Community Giving Campaign administrative expenses[7]	$10,319
Grants and donations for the broader community[8]	$212,772
National Board of Directors fund[9]	$15,662
Subtotal	***$238,753***
Health Research, Education, and Training	
Graduate Medical Education[10]	$390,502
Non-MD provider education and training programs[11]	$774,671
Health research[12]	$1,157,942
Subtotal	***$2,323,115***
TOTAL COMMUNITY BENEFITS PROVIDED	**$34,586,158**

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 NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds, however, are not included in the financial totals for 2024.

Access to care

KFH-Fresno 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-Fresno

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$8,222,427	$0	$20,892,324	$29,114,751
2024	**Individuals served**	9,454	11	18,553	28,018

While enrollment in Medi-Cal and other public insurance in the Fresno service area is over 30% higher than the California average, there were disparities among residents with low incomes and communities with large Hispanic or Latino populations who had higher rates of uninsured compared to the state average. Access to affordable health insurance coverage is essential to addressing health disparities and high rates of chronic disease. Kaiser Permanente's Charitable Health Coverage efforts addressed these barriers by facilitating access to health insurance for low-income individuals and families who did not have access to public or private health coverage. In the Fresno Service Area, Centro La Familia Advocacy Services, Inc., Centro Binacional Para El Desarollo Indígena Oaxaqueño, and California Farmworker Foundation will reach 4,400 individuals to provide education about Medi-Cal and other health care coverage options, including Kaiser Permanente's Community Health Care Program. Pre-screening and application assistance is expected to enroll 1,170 individuals in health coverage, ensuring they had access to comprehensive health care services that enhanced their health and well-being.

Healthy Eating Active Living opportunities

The Fresno service area, while located in California's largest agricultural region, had one of the highest levels of food insecurity in the state. A significant portion of the service area population struggled to afford adequate and nutritious food; enrollment in CalFresh, the Supplemental Nutrition Assistance Program (SNAP), was more than double the California average, indicating that service area residents needed financial assistance to afford food. Kaiser Permanente's Food is Medicine initiative advanced evidence-based strategies to improve food and nutrition security for populations disproportionately impacted by diet-related diseases. Central California Food Bank, Family HealthCare Network, and Fresno Metropolitan Ministries all worked to promote food security by increasing access to healthy food to reduce disease; these organizations conducted outreach to low-income residents experiencing food insecurity including low-wage workers, seniors, people with disabilities, and people experiencing homelessness across the service area. Through community events and direct assistance with CalFresh enrollment and eligibility

renewal, these organizations educated 27,600 service area residents about CalFresh benefits and enrolled 825 residents in the program with the goal of improving their food security and health.

Income and employment

There is a shortage of shelters and permanent housing for people experiencing homelessness in the Fresno service area, where affordable housing inventories were at historic lows; temporary shelters and outreach programs often operate at capacity and may not offer long-term solutions. Foster youth were among the most vulnerable service area residents at risk of homelessness. Valley Teen Ranch aimed to provide stable housing and essential support services with an emphasis on current and former foster youth. Their Welcome Home Project is expected to provide housing for at least 95 individuals annually, including 60 foster youth and 35 members of the general unhoused population. Residents will be connected to health care, mental health services, vocational training, and employment opportunities. Life Skills Development classes will teach youth vital skills such as money management, cooking, and time management. To better support clients and connect them with the resources they need, program staff received training in Motivational Interviewing (MI) and Dialectical Behavior Therapy (DBT). The expected outcomes are to reduce homelessness and increase self-sufficiency by providing stable housing and comprehensive life skills to help foster youth transition to independent living. Additionally, 90% of the total number of residents are expected to receive necessary medical, mental health, and substance abuse care to foster their well-being. Seventy percent of residents are expected to be enrolled in training programs to improve employment prospects and self-sufficiency.

Mental and behavioral health

In the Fresno service area, the mental health provider workforce shortage is persistent, leaving residents' mental health conditions insufficiently addressed. There are 11% fewer providers per 100,000 population than the California average and rates of deaths of despair (due to suicide, alcohol-related disease and drug overdoses) exceeded the state average by 21%. Two service area organizations — California State University, Fresno Foundation and The Fresno Center — will contribute to developing a diverse, well trained mental and behavioral health care workforce by providing 69 graduate students and unlicensed mental health professionals with supervised clinical experience, mentorship, cultural competency training, and stipends to ease financial burdens and licensure exam preparation. Program participants provided supervised mental health services, including clinical case management, rehabilitation services, individual and group therapy, and clinical assessment to underserved individuals. As a result, service area residents had more opportunities to connect with providers who understood their needs, promoting mental health care access.

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.