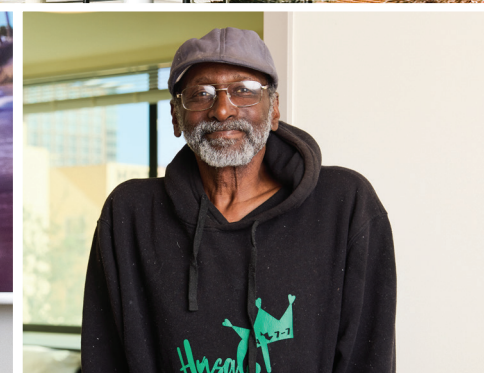


Consolidated Community Benefit Plan
FISCAL YEAR 2024
Kaiser Foundation Hospitals in California

MODESTO
Northern 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 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-Modesto service area demographic profile

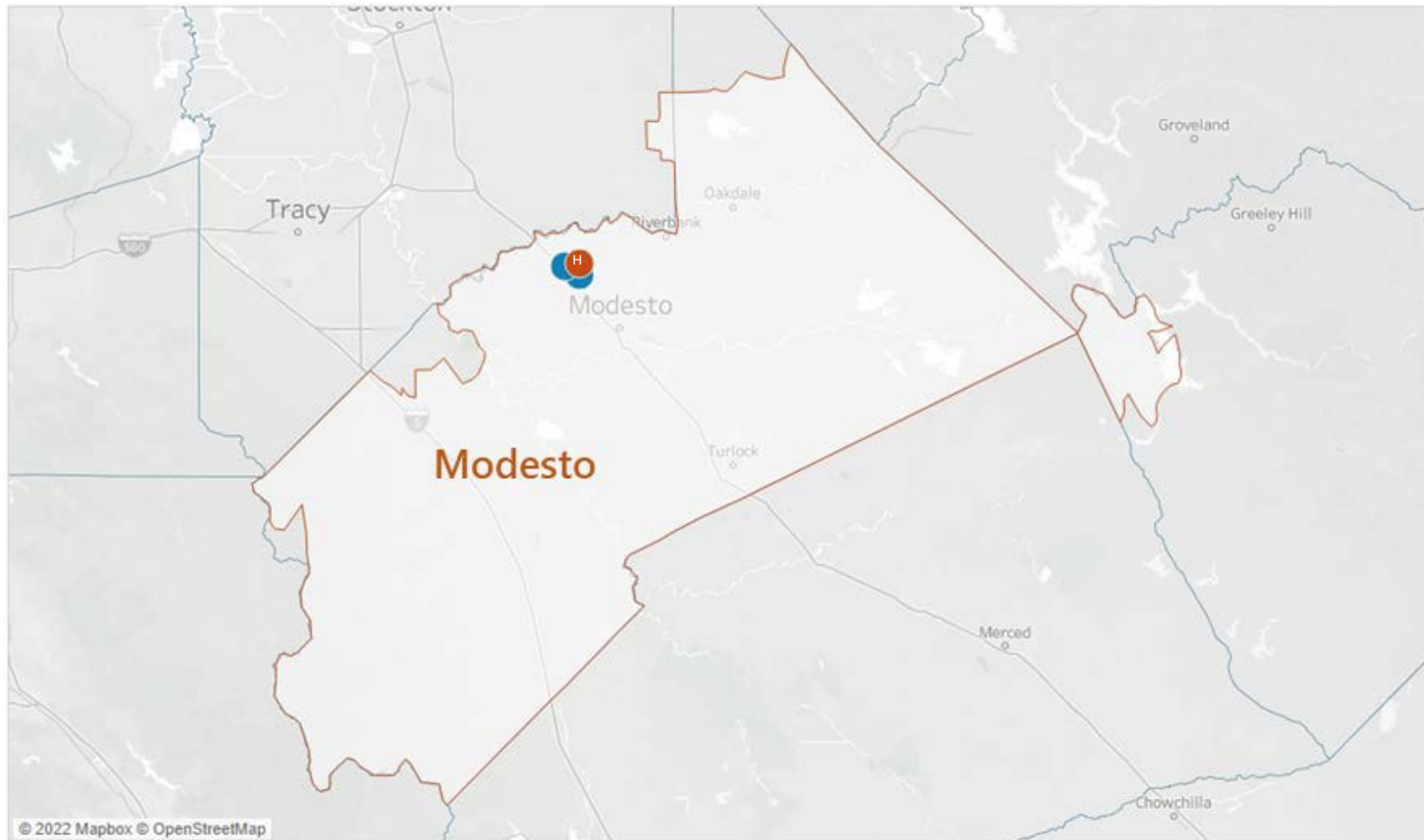
Total population:	549,370
American Indian/Alaska Native	0.5%
Asian	5.4%
Black	2.6%
Hispanic	48.2%
Multiracial	2.9%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.1%
White	39.6%
Under age 18	27.1%
Age 65 and over	12.9%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Modesto service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Modesto service area includes a large portion of Stanislaus County and the cities Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Modesto 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) (<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 — 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, low-income families 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 Modesto service area is strained, lacking easily accessible, affordable health care providers who represent the diverse communities they serve. This provider shortage exacerbates existing inequities experienced by 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.
2. **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 the unemployment rate in the Modesto service area is only slightly higher than the California average, the service area's average income is lower and rates of poverty for adults and children are both higher. As a result, food insecurity is a concern for families in the Modesto service area, many of whom struggle to access affordable, healthy foods. Children are among the most affected by poverty and often rely on free and reduced-price school lunches (FRPL) to supplement their nutritional needs. Areas with larger Hispanic populations than the service area average showed some of the highest rates of childhood poverty and FRPL eligibility. Key informants described that inequities in economic security were made more apparent by the pandemic and that low-income residents, immigrants, migrant workers, and people of color were disproportionately affected.
3. **Mental & behavioral health:** Mental health affects all areas of life, including physical well-being, ability to work and succeed in school, and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Modesto service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations. Key informants in the service area also identified substance use as a co-occurring top need, stressing the inextricable tie to mental and behavioral health. Even where mental health services are available, key informants stated that care can be difficult to access due to cost, insufficient insurance coverage, inadequate transportation,

language or cultural differences, limited access to technology/Internet and social stigma. The pandemic's emergence exacerbated many of these barriers when the demand for mental health services skyrocketed, especially among those most vulnerable to trauma. Key informants listed children, adolescents, low-income residents, LGBTQ+ individuals and underrepresented communities as having high need for accessible mental health services, and the most difficulty in obtaining them.

B. Health Needs Not Addressed

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

Reason	Chronic disease & disability	Healthy Eating Active Living opportunities	Housing
Community does not prioritize this need over other issues	x	x	
Less ability for Kaiser Permanente to leverage expertise or assets to address this need		x	
Less ability to leverage community assets to address this need	x	x	x
This need is incorporated into other needs selected			x
Aspects of this need will be addressed in strategies for other needs	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-Modesto Community Benefits Provided in 2024** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$9,802,738
Charity care: Medical Financial Assistance Program ²	\$9,525,060
Grants and donations for medical services ³	\$9,713,369
Subtotal	\$29,041,166
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$128,821
Grants and donations for community-based programs ⁶	\$1,137,846
Community Benefit administration and operations ⁷	\$161,769
Subtotal	\$1,428,436
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$9,593
Grants and donations for the broader community ⁸	\$131,772
National Board of Directors fund	\$14,560
Subtotal	\$155,926
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$3,874,684
Non-MD provider education and training programs ¹⁰	\$1,316,454
Health research	\$1,076,493
Subtotal	\$6,267,631
TOTAL COMMUNITY BENEFITS PROVIDED	\$36,893,159

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-Modesto 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-Modesto

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$9,802,738	\$0	\$9,525,060	\$19,327,798
2024	Individuals served	7,954	7	32,451	40,412

Insurance coverage in the Modesto service area, including enrollment in Medicaid and other public insurance programs, is widespread with similar coverage rates compared to the California population. However, communities with large Hispanic or Latino populations have higher percentages of uninsured children and adults, presenting a barrier to access primary and specialty health care. Kaiser Permanente's Charitable Health Coverage improves insurance coverage and address disparities by ensuring that residents experiencing low incomes who are uninsured or underinsured had access to quality health care via insurance enrollment through the Medi-Cal expansion, transition to marketplace coverage, and other coverage options. El Concilio California and Catholic Charities of the Diocese of Stockton will conduct outreach (2,500 and 3,000 service area residents, respectively), providing education about insurance opportunities and benefits, using communications strategies tailored to meet the needs of underserved communities. After initial engagement, insurance enrollment support will be provided, along with prescreening and direct application assistance. These activities are expected to reach 5,500 Modesto service area residents, increase insurance awareness, knowledge, and facilitate enrollment applications for Medi-Cal, Community Health Care Program, or other coverage options.

Income and employment

While the Modesto service area economy was booming for some, this was not true for vulnerable populations; the service area had a slightly higher percentage of residents living in poverty as compared to the California average. The median household income in the Modesto service area (\$63,506) is 23% lower than the California state average (\$82,053). Community leaders linked low incomes to food insecurity, and enrollment in CalFresh, the Supplemental Food Assistance Program (SNAP) in the service area is higher than the California average (14% versus 10%), indicating that service area residents needed financial support to afford food. Kaiser Permanente's Food Is Medicine initiative advanced evidence-based strategies to improve food and nutrition security through increasing enrollment in food assistance programs to extend residents' food purchasing ability and decrease financial stress, particularly for populations disproportionately impacted by diet-related diseases. The Center for

Human Services contributed to the health and wellness of over 10,000 children, individuals, and families in the Modesto service area by facilitating access to a variety of social services that help meet the basic needs of daily living. They will address food security by facilitating enrollment in CalFresh, the Supplemental Nutrition Program for Women, Infants, and Children Program (WIC), and school and other child nutrition programs. The Center for Human Services is expected to provide application assistance to 3,500 individuals and enroll eligible service area residents in food assistance programs that support an affordable, healthy diet.

Mental and behavioral health

Mental and behavioral health is a critical need in the Modesto service area, where rates of deaths of despair are 21% higher than the California average and the service area has far fewer mental health providers per 100,000 population when compared with California overall. Kaiser Permanente's youth mental health program expands the capacity of local organizations to provide trauma-informed mental and behavioral health services. Improve Your Tomorrow provides young men with mentorship and educational support to maximize well-being, educational attainment, and financial stability. They will work with underserved adolescents aged 13 to 18, linking them to caring adults or peer mentors to discuss mental health topics and gain coping skills in a safe space. Improve your Tomorrow is expected to provide 1,152 youth with connections to and support from culturally congruent peers and authentic adult mentors. These efforts aim to reduce stigma around mental health services and increase knowledge of available resources, facilitating access to and proactive use of mental health care.

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.