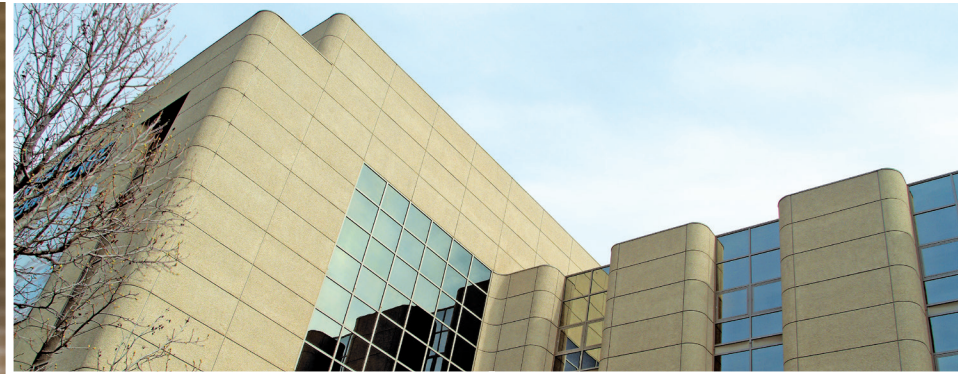


Consolidated Community Benefit Plan  
FISCAL YEAR 2024  
Kaiser Foundation Hospitals in California

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

## B. Medical Care Services for Vulnerable Populations

### Medi-Cal

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

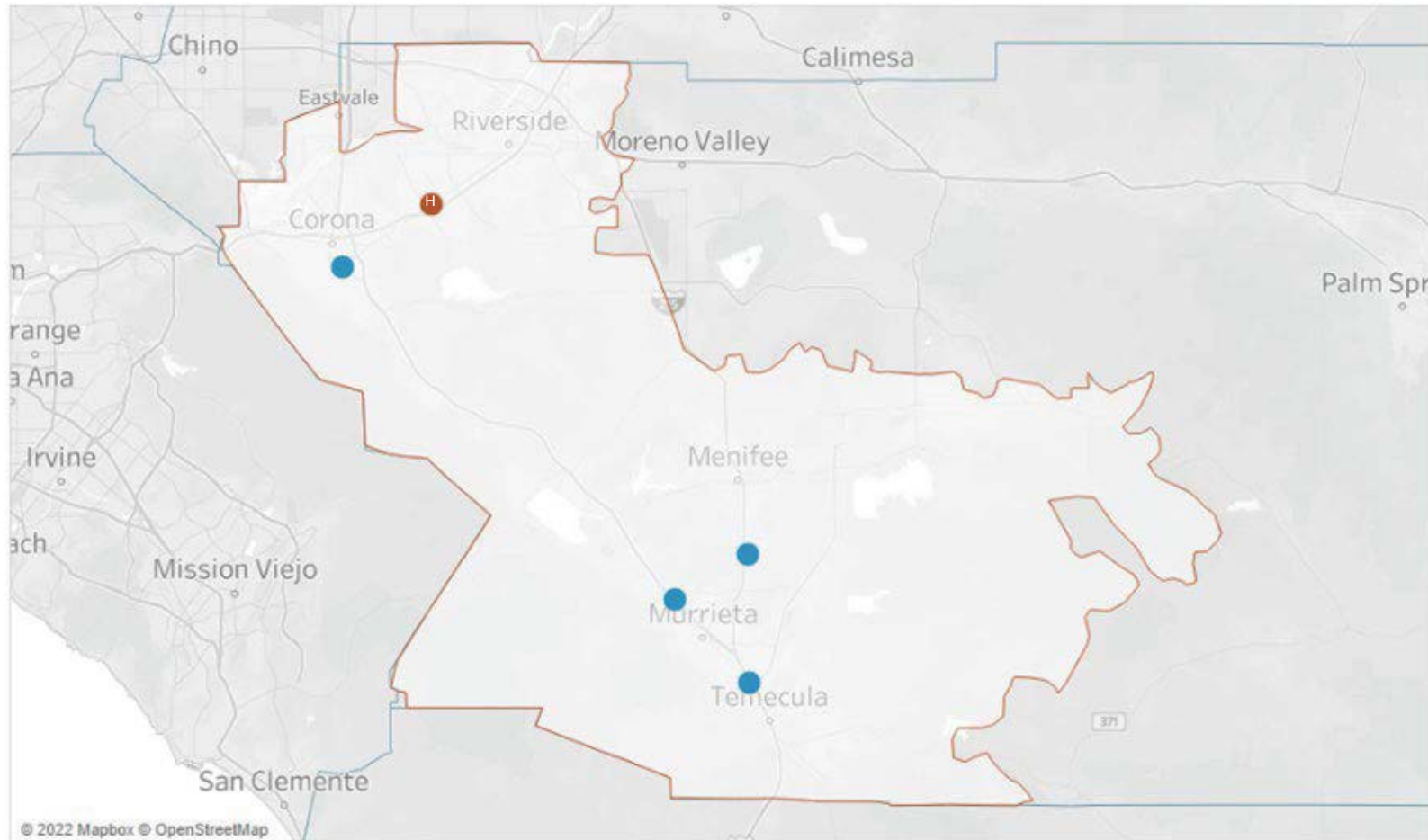
|                                        |                  |
|----------------------------------------|------------------|
| <b>Total population:</b>               | <b>1,485,220</b> |
| American Indian/Alaska Native          | 0.4%             |
| Asian                                  | 8.1%             |
| Black                                  | 5.6%             |
| Hispanic                               | 46.9%            |
| Multiracial                            | 2.9%             |
| Native Hawaiian/other Pacific Islander | 0.3%             |
| Other race/ethnicity                   | 0.2%             |
| White                                  | 35.5%            |
| Under age 18                           | 26.5%            |
| Age 65 and over                        | 12.0%            |

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

## C. Map and Description of Community Served

### KFH-Riverside service area

● Kaiser Permanente hospital    ● Kaiser Permanente medical offices



The KFH-Riverside service area includes Corona, Eastvale, Hemet, Jurupa Valley, Lake Elsinore, Menifee, Murrieta, Norco, Quail Valley, Riverside, Romoland, Temecula, Wildomar, and Winchester.

## IV. Description of Community Health Needs Addressed

KFH-Riverside 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. **Housing:** Housing is a major challenge for the service area. For well over a decade, there has been a chronic shortage of housing (especially affordable housing). This results in high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 38 percent higher than the national average, and more than 17 percent of people experience a severe housing burden. On average, households in the service area spend more than 20 percent of their income on their mortgage, which is higher than the national average. There is a growing proportion of the population that is experiencing homelessness. Key informants noted that this was exacerbated by the pandemic.
2. **Income & employment:** The Riverside service area is reliant on the service, logistics, and tourism industries, which have low-paying jobs and are vulnerable to economic downturns. Many ZIP codes that have a higher proportion of people of color also have median household incomes worse than the national average. In addition, the cost of living for the service area, compared to the nation, is high, resulting in economic hardship for many individuals and families. As a result, there are many adults and children (14 percent) living in poverty.
3. **Access to care:** The service area has high rates of both adult and child uninsured (8 percent of adults and 4 percent of children) resulting in diseases going undiagnosed or untreated. Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient's care. The service area has also struggled to recruit and retain enough health care providers, making it more difficult to find a physician even when health insurance is available.
4. **Mental & behavioral health:** The service area has both a high need for mental health care and a low capacity to meet this need. The rates of deaths in despair (deaths by suicide, drug overdose, and unhealthy alcohol use), for example, are high. Community leaders acknowledged an increase in the prevalence of substance abuse, suggesting the pandemic has only worsened this area of concern. There is a shortage of providers and resources available for those who need help. Fewer providers available to meet demand creates an access issue for those struggling with mental health. That said, mental health care is only available to those community members who have access, time, and awareness of resources and who are receptive to receiving care.
5. **Structural inequities:** The service area consists of a "majority minority" population, and a plurality of the population is Latino/a. Socio-economic mobility for residents from some underserved groups remains a challenge, as some historically underrepresented communities (largely corresponding to both racialized and economically exploited populations) have fewer

opportunities and poorer infrastructure than communities that are predominately white, non-Latino/a, and wealthy. In the Riverside service area, many health needs measures are worse in primarily Latino/a and communities of color than in more white, non-Latino/a communities. For example, the pattern of disproportionate health needs is found in many measures, such as housing, income, and employment.

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

KFH-Riverside 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-Riverside Community Benefits Provided in 2024** (Endnotes in Appendix)

| <b>Category</b>                                                                   | <b>Total Spend</b>  |
|-----------------------------------------------------------------------------------|---------------------|
| <b>Medical Care Services for Vulnerable Populations</b>                           |                     |
| Medi-Cal shortfall <sup>1</sup>                                                   | \$15,053,188        |
| Charity care: Medical Financial Assistance Program <sup>2</sup>                   | \$21,123,468        |
| Grants and donations for medical services <sup>3</sup>                            | \$219,500           |
| <b>Subtotal</b>                                                                   | <b>\$36,396,156</b> |
| <b>Other Benefits for Vulnerable Populations</b>                                  |                     |
| Youth Internship and Education Programs <sup>5</sup>                              | \$67,304            |
| Grants and donations for community-based programs <sup>6</sup>                    | \$5,502,087         |
| Community Benefit administration and operations <sup>7</sup>                      | \$456,706           |
| <b>Subtotal</b>                                                                   | <b>\$6,026,097</b>  |
| <b>Benefits for the Broader Community</b>                                         |                     |
| Community health education and promotion programs                                 | \$124,343           |
| Community Giving Campaign administrative expenses                                 | \$14,619            |
| Grants and donations for the broader community <sup>8</sup>                       | \$68,965            |
| National Board of Directors fund                                                  | \$25,894            |
| <b>Subtotal</b>                                                                   | <b>\$233,821</b>    |
| <b>Health Research, Education, and Training</b>                                   |                     |
| Graduate Medical Education <sup>9</sup>                                           | \$2,441,469         |
| Non-MD provider education and training programs <sup>10</sup>                     | \$1,047,069         |
| Grants and donations for the education of health care professionals <sup>11</sup> | \$943,359           |
| Health research                                                                   | \$648,452           |
| <b>Subtotal</b>                                                                   | <b>\$5,080,349</b>  |
| <b>TOTAL COMMUNITY BENEFITS PROVIDED</b>                                          | <b>\$47,736,423</b> |

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

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

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

## Access to care

KFH-Riverside 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-Riverside

| Year        | Care & coverage details   | Medicaid, CHIP, and other government-sponsored programs | Charitable Health Coverage | Medical Financial Assistance | Total        |
|-------------|---------------------------|---------------------------------------------------------|----------------------------|------------------------------|--------------|
| <b>2024</b> | <b>Investment</b>         | \$15,053,188                                            | \$0                        | \$21,123,468                 | \$36,176,656 |
| <b>2024</b> | <b>Individuals served</b> | 57,355                                                  | 2                          | 25,500                       | 82,857       |

In the Riverside Valley service area, access to comprehensive, quality health care remains a significant challenge, particularly for low-income and immigrant communities. Many residents lack health insurance, face barriers to local care options, and do not have a usual source of care, leading to delayed treatment, reduced preventive care, and poorer health outcomes. Addressing these disparities is essential to ensuring equitable healthcare access for all individuals and families. To tackle this issue, the Health Coverage and Enrollment Grant was created to support organizations in increasing health coverage enrollment and expanding access to healthcare services. This initiative focuses on enrolling as many individuals as possible through Medi-Cal expansion, marketplace transitions, and other coverage programs, such as the Kaiser Permanente Community Health Care Program. The TODEC Legal Center grantee is leading efforts to provide enrollment support, prescreening, direct application assistance, outreach, engagement, and education on coverage options and benefits. This initiative will serve 800,000 individuals, primarily targeting low-income and immigrant communities with family incomes up to 300% of the federal poverty level across the Moreno Valley hospital service area. The Health Coverage and Enrollment Grant aimed to ensure that more community members successfully completed health coverage applications, increasing their access to essential healthcare services and improving health equity in the region.

## Housing

Having a safe and stable place to call home is essential for health and well-being, yet many low-income residents in the Riverside Valley service area face significant housing challenges. Rising eviction rates, housing instability, and legal barriers disproportionately affect communities of color and vulnerable populations, increasing the risk of homelessness and poor health outcomes. Expanding access to legal support and eviction prevention services was critical to helping at-risk tenants remain in their homes. The Housing-Related Legal Support for At-Risk Tenants Grant was established to strengthen the capacity of legal aid organizations and Medical-Legal Partnership (MLP) programs. The grants provided legal professional staffing, case management, technology improvements, and outreach services to enhance eviction defense and tenant protections. Public Service Law Corporation, Inland Counties Legal Services, and the Legal Aid Society of San Bernardino, worked to expand legal services,

advocate for tenant rights, and provide eviction prevention support to 12,859 individuals in low-income communities across the Riverside Valley service area. Through these efforts, tenants received legal representation, housing navigation assistance, and access to critical housing resolution services.

### **Income and employment**

Economic opportunity provides individuals with jobs, income, and a sense of purpose to improve their economic circumstances over time. For those who do have jobs in the Riverside Valley Service area, household earnings are low – particularly when compared to the state, resulting in many adults and children living in poverty. The Reducing Financial Hardship and Building Financial Stability Grant was established to reduce financial hardship and build financial stability for underserved groups, low-income individuals and households. The program supported organizations that embed or enhanced financial coaching services to improve individual financial health. Starting Over, Inc., was funded to provide 4,045 low- to moderate-income individuals and households with financial coaching, financial training, and access to safe credit-building financial products to improve their financial health (including their credit scores) and reduce financial stress. Additionally, organization staff receive training to improve and expand financial coaching services. Expected outcomes of this initiative included reaching 4,045 low- to moderate-income individuals and households to improve their financial health (including their credit scores) and reduce financial stress.

### **Mental and behavioral health**

Mental health is essential for overall well-being, influencing physical health, academic performance, and social relationships. However, many youths in the Riverside service area face barriers to accessing quality mental health support, particularly those from marginalized communities. Limited access to services and persistent stigma prevents young people from seeking help, increasing the risk of long-term emotional and behavioral health challenges. The Youth Mental Health Capacity Development initiative was established to strengthen organizational capacity, expand access to mental health resources, and reduce stigma among youth. The initiative focuses on training staff, developing mentoring programs, and fostering community engagement to ensure that mental health support systems are responsive to youth needs. A selected grant, Divine Truth Unity Fellowship Church, Inc., is implementing a strategic mentorship and professional development program. This effort includes staff and board training, community engagement sessions, and a pilot program tailored to LGBTQI youth. The initiative serves 2,996 individuals, including youth ages 13-18, parents, caregivers, staff, and volunteers in the Riverside hospital service area. This initiative will increase awareness and utilization of mental health services while fostering leadership skills and emotional resilience among youth, ensuring a more supportive and inclusive community.

### **Structural inequities**

Structural inequities has been declared a public health crisis by agencies across the country, including Riverside University Health System - Public Health. Underserved communities face systemic barriers that contribute to poor health outcomes, economic disadvantages, and limited access to essential resources. Addressing these inequities requires targeted efforts to build resilience, promote racial equity, and integrate trauma-informed practices into community programs. The Trauma-Informed Perspective on

Mental Wellbeing initiative was established to support Black, Indigenous, and People of Color-led organizations in advancing best practices for preventing and mitigating the effects of trauma, toxic stress, and Adverse Childhood Experiences. This initiative focuses on enhancing mental wellness, racial equity, and resiliency through leadership and professional development programs. The Community Now grantee is delivering evidence-based trauma-informed care strategies and coaching for mental wellness and racial equity. The program provided professional development training and one-on-one coaching to 80 Riverside County Black Chamber of Commerce members, staff, and minority small business owners to equip them with the tools to foster inclusive environments and promote equity-driven practices. By integrating trauma-informed care into leadership development, this effort aimed to strengthen businesses, build resilience, and promote long-term racial equity in Riverside County.

## VI. Appendix

### Appendix A

#### 2024 Community Benefits Provided by Hospital Service Area in California

| NORTHERN CALIFORNIA HOSPITALS    |                        |
|----------------------------------|------------------------|
| Hospital                         | Amount                 |
| Antioch                          | \$47,720,034           |
| Fremont                          | \$22,970,664           |
| Fresno                           | \$34,586,158           |
| Manteca                          | \$71,760,342           |
| Modesto                          | \$36,893,159           |
| Oakland                          | \$99,321,992           |
| Redwood City                     | \$26,948,137           |
| Richmond                         | \$47,225,724           |
| Roseville                        | \$81,181,909           |
| Sacramento                       | \$124,225,099          |
| San Francisco                    | \$50,536,977           |
| San Jose                         | \$54,457,366           |
| San Leandro                      | \$53,802,209           |
| San Rafael                       | \$20,297,900           |
| Santa Clara                      | \$77,243,071           |
| Santa Rosa                       | \$40,236,328           |
| South Sacramento                 | \$106,133,891          |
| South San Francisco              | \$22,693,794           |
| Vacaville                        | \$38,961,577           |
| Vallejo                          | \$53,996,988           |
| Walnut Creek                     | \$41,424,543           |
| <b>Northern California Total</b> | <b>\$1,152,617,863</b> |

| SOUTHERN CALIFORNIA HOSPITALS    |                      |
|----------------------------------|----------------------|
| Hospital                         | Amount               |
| Anaheim                          | \$30,956,879         |
| Baldwin Park                     | \$40,954,828         |
| Downey                           | \$61,000,446         |
| Fontana                          | \$95,164,025         |
| Irvine                           | \$18,244,549         |
| Los Angeles                      | \$83,781,616         |
| Moreno Valley                    | \$26,631,059         |
| Ontario                          | \$11,541,841         |
| Panorama City                    | \$44,037,549         |
| Riverside                        | \$47,736,423         |
| San Diego (2 hospitals)          | \$65,670,970         |
| San Marcos                       | \$14,424,173         |
| South Bay                        | \$39,041,738         |
| West Los Angeles                 | \$59,341,185         |
| Woodland Hills                   | \$26,583,785         |
|                                  |                      |
|                                  |                      |
|                                  |                      |
|                                  |                      |
|                                  |                      |
|                                  |                      |
| <b>Southern California Total</b> | <b>\$665,111,065</b> |

## **Appendix B**

### **Endnotes**

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- <sup>3</sup> Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- <sup>4</sup> Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- <sup>5</sup> Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- <sup>6</sup> Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- <sup>7</sup> The amount reflects the costs of the community benefit department and related operational expenses.
- <sup>8</sup> Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- <sup>9</sup> Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- <sup>10</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>11</sup> Figures reported in this section for grants and donations consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals.