Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

SAN FRANCISCO

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

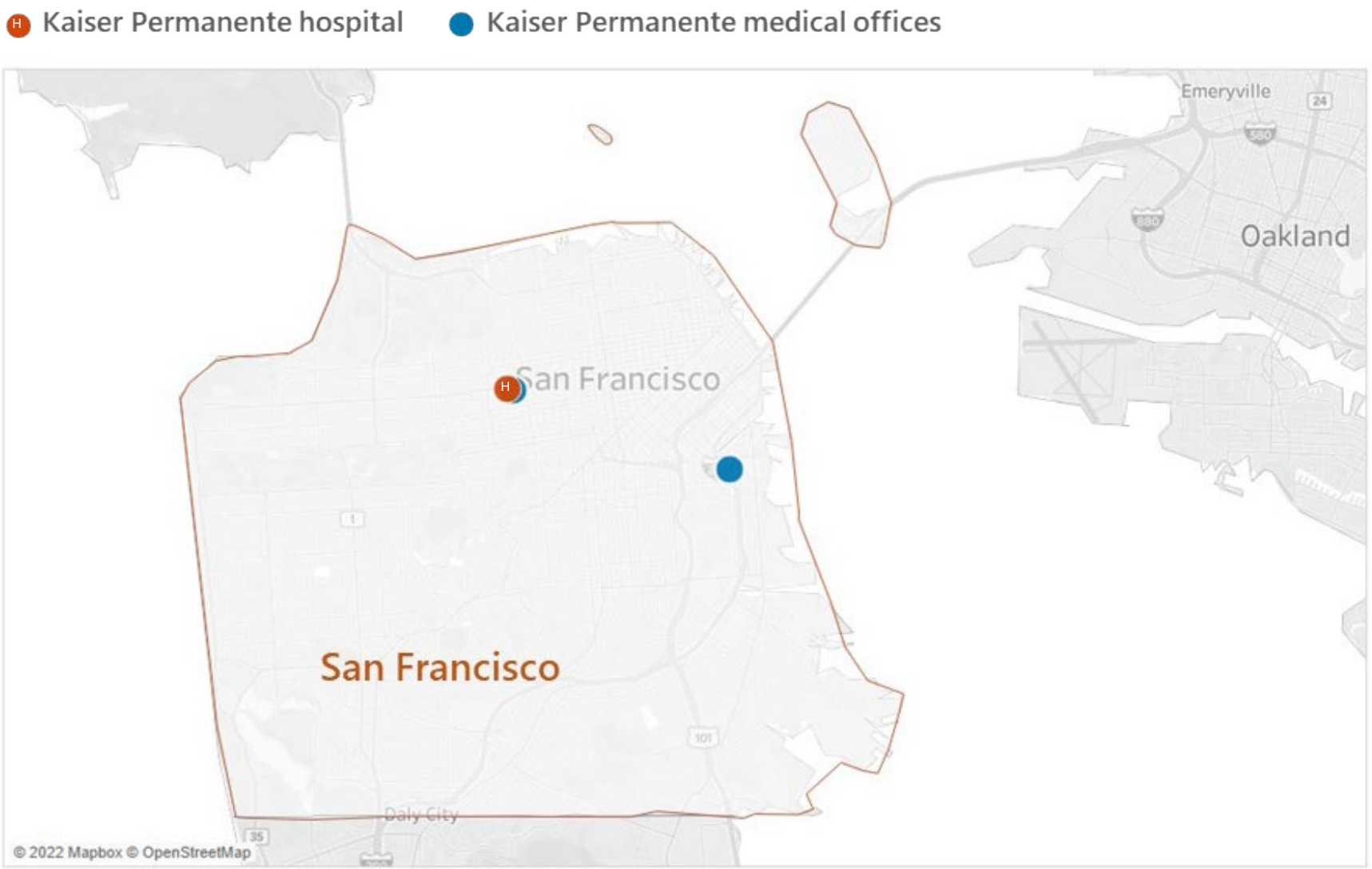
KFH-San Francisco service area demographic profile

Total population:	**881,791**
American Indian/Alaska Native	0.2%
Asian	35.5%
Black	4.9%
Hispanic	15.3%
Multiracial	3.8%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.3%
White	39.6%
Under age 18	13.3%
Age 65 and over	15.3%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Francisco service area



KFH-San Francisco has a service area that comprises the City and County of San Francisco. The service area also includes a nine-story medical office building in Mission Bay that opened in March 2016.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Francisco 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. **Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the San Francisco service area, there is a higher rate of deaths of despair – those due to suicide, drug overdose and alcoholism – compared to the state average (41.4 compared to 34.3 per 100,000). Additionally, there are disparities related to mental/behavioral health such as Asian Americans being three times less likely than their white counterparts to seek treatment for mental health. Interviewed community leaders shared that the health provider workforce could better reflect the diverse populations of San Francisco, which remains a key barrier to accessing culturally and linguistically appropriate care. For example, community leaders spoke about the importance for Black communities to have mental health providers that look like them and understand intergenerational trauma. Leaders also identified strategies to address mental and behavioral health such as building trust with communities through enhanced collaboration and coordination among local organizations.
2. **Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters are more likely to live in cost-burdened households and face housing instability. In the San Francisco service area, only 38 percent of the population own a home (compared to 55 percent statewide) and median rental costs are approximately $1,986 (compared to $1,689 statewide). Additionally, San Francisco has a higher proportion of people experiencing homelessness that are transitional age youth or chronically unhoused compared to its peer cities, despite offering more permanent supportive housing units. Interviewed community leaders shared that homes tend to be overcrowded, with multiple tenants living in single rooms. Further, not all populations experience this housing crisis equally, with families residing in Chinatown, Tenderloin, Bayview-Hunters Point, and Outer Mission – along with Vietnamese, Cambodian, and Latinx communities – disproportionally experiencing this shortage. Interviewed community leaders also identified strategies to address housing such as implementing warm handoffs between social service providers and prioritizing affordable housing.
3. **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. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential

treatment based on race, as well as access to fewer health care resources. In the San Francisco service area, a first glance at indicators measuring access to care (e.g., overall percent uninsured residents, infant deaths, and number of primary care physicians per 100,000) shows that the service area compares favorably to state averages. However, several disparities, such as shorter life expectancy for Native Americans, more preventable hospitalizations for Black and Latinx populations, and disproportionate burden of COVID-19 related deaths by almost all underserved communities drive the need for this health need. Interviewed community leaders shared that the availability of culturally appropriate and responsive care, particularly considering the COVID-19 pandemic, remains critical. They also identified strategies to address access to care such as hiring diverse staff members and medical providers who are embedded into the communities they serve.

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. Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the San Francisco service area, income or wealth inequality as measured by the Gini index is higher than state and national averages. Additionally, there are disparities related to income and employment such as Black and Latinx residents earning about a third of the income of white residents, per capita. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to support income and employment such as workforce training and creating career pathways, wraparound services for job seekers, and system-level changes to address structural racism.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that Kaiser Permanente San Francisco Medical Center does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Healthy Eating Active Living opportunities	Structural racism
Community does not prioritize this need over other issues	x	
This need is incorporated into other needs selected		x
Aspects of this need will be addressed in strategies for other needs	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-San Francisco Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$16,430,221
Charity care: Medical Financial Assistance Program[2]	$12,901,397
Grants and donations for medical services[3]	$1,036,827
Subtotal	***$30,368,444***
Other Benefits for Vulnerable Populations	
Youth Employment programs[5]	$154,585
Grants and donations for community-based programs[6]	$1,277,386
Community Benefit administration and operations[7]	$262,681
Subtotal	***$1,694,652***
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	$15,578
Grants and donations for the broader community[8]	$188,855
National Board of Directors fund	$23,643
Subtotal	***$228,076***
Health Research, Education, and Training	
Graduate Medical Education[9]	$15,052,881
Non-MD provider education and training programs[10]	$1,444,907
Health research	$1,748,016
Subtotal	***$18,245,805***
TOTAL COMMUNITY BENEFITS PROVIDED	**$50,536,977**

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-San Francisco 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-San Francisco

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$16,430,221	$0	$12,901,397	$29,331,618
2024	**Individuals served**	21,596	0	11,651	33,247

As identified in the CHNA, insurance rates are relatively high in the San Francisco service area. Even having insurance coverage does not guarantee access to appropriate care. Community leaders highlighted barriers in the affordability of health care with San Francisco's high cost of living, along with gaps of trust between underserved communities and health care providers. High turnover rates and a decrease in the number of providers available in San Francisco created challenges with service delivery, timing, and the quality of services. Community leaders emphasized the importance of trust-centered relationships to foster health care access and stressed the need for community-specific services, including access to translated written materials, interpreters, culturally appropriate modalities of medicine, and staff who spoke the same languages as the communities they served. In 2024, Kaiser Permanente Community Health partnered with Mission Neighborhood Health Center to provide access to comprehensive health care and coverage for low-income individuals and families who would not have access to health care coverage. The project aimed to serve 7,825 low-income individuals in San Francisco with health care coverage enrollment and assistance in completing health care coverage enrollment applications for Medi-Cal and other coverage options, such as Kaiser Permanente's Community Health Care.

Housing

Access to stable and secure housing directly impacted the ability to maintain health and wellness. Community leaders emphasized the need for a collaborative and systems-level approach to address housing that centered on partnership and warm handoffs between service providers, developing workforce pathways and social capital towards sustainable housing. In 2024, Kaiser Permanente Community Health partnered with Rebuilding Together to increase the health and stability of low-income seniors and their neighbors with disabilities, aiming to provide free home repairs in over 100 homes. Home repairs helped underserved communities maintain and build wealth through homeownership, as well as support an increase in security for seniors who were at high risk of injury and isolation, ensuring they could age safely in their homes and continue to engage with their communities.

Income and Employment

Access to stable income was critical for overall health and well-being; it allowed people to afford basic needs like quality nutrition, housing, and health care. Families without steady employment were more likely to have an income below poverty level, thereby not having enough resources to secure safe housing and enough food to eat. Community leaders also recognized that barriers to income for vulnerable populations especially persisted through the COVID-19 pandemic; many families lost their jobs, adding additional barriers to affording rent, medical bills, diapers, and groceries, among other basic needs. Community leaders emphasized the need to improve economic situations for individuals and families in the San Francisco service area through authentic community partnerships and population-tailored strategies, including wrap-around services for job-seekers, capacity-building supports that lead to self-sufficiency, and access to healthy and culturally responsive food, particularly for underserved communities. In 2024, Kaiser Permanente Community Health partnered with Community Living Campaign to improve food security for seniors and people with disabilities by bringing healthy foods and nutrition information directly to low-income neighborhoods. The partnership aimed to deliver grocery bags to 270 low-income residents in San Francisco, particularly seniors that resided in Bayview, Oceanview-Merced-Ingleside, and Park Merced.

Mental and Behavioral Health

Mental health affects all areas of life, and children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Rates of anxiety, depression, and suicidal ideation continued to increase, and were exacerbated due to isolation, trauma, and stress triggered by the pandemic. Community leaders emphasized challenges with stigma and mistrust amongst community members regarding mental and behavioral health. Community leaders recognized a strong need for a more robust system of care and coordination among organizations serving the community to improve access to mental health care. To help strengthen the system, community leaders suggested trust-building with communities in a trauma-informed way, engaging the community with mental health education and resources, training and hiring mental health care providers, and providing adequate wrap around services to community members who are unhoused or experiencing homelessness. In 2024, Kaiser Permanente Community Health partnered with Swords to Plowshares Veterans Rights Organization to increase therapeutic wellness and peer support groups for senior veterans experiencing homelessness and economic hardship, including those with disabilities. The Veterans Community Center provides weekly services through community building activities, socialization, respite from the streets, and connection to additional support services, reaching at least 50 seniors.

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.