Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

SAN JOSE

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)
Table of Contents

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

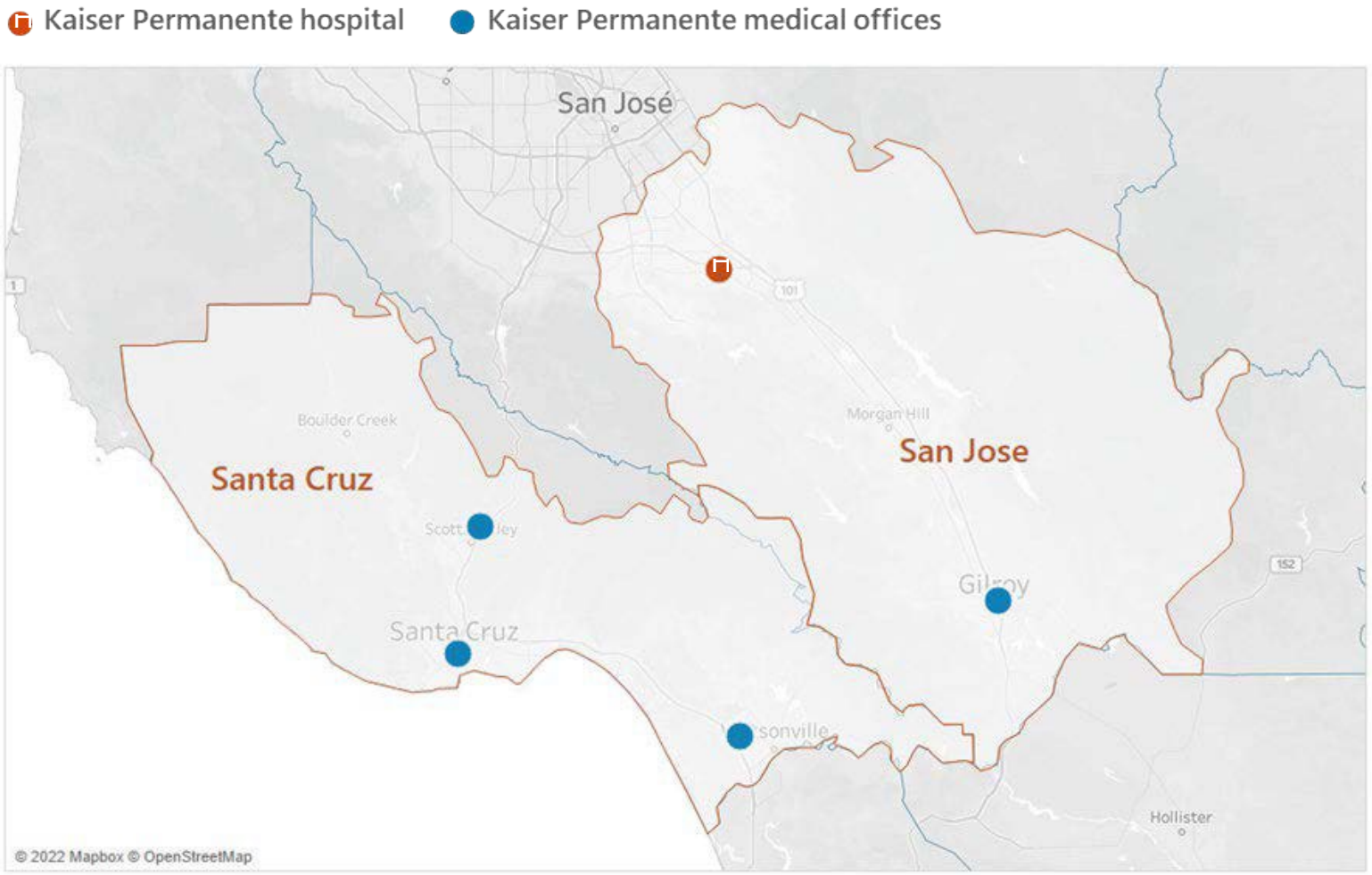
KFH-San Jose and Santa Cruz service area demographic profile

	San Jose	Santa Cruz
Total population:	**511,443**	**266,804**
American Indian/Alaska Native	0.2%	0.4%
Asian	33.1%	4.7%
Black	2.5%	1.0%
Hispanic	30.9%	35.0%
Multiracial	3.4%	3.2%
Native Hawaiian/other Pacific Islander	0.3%	0.1%
Other race/ethnicity	0.2%	0.2%
White	29.5%	55.5%
Under age 18	24.2%	19.5%
Age 65 and over	13.9%	15.8%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Jose and Santa Cruz service area



The KFH-San Jose service area comprises the southern half of Santa Clara County and all of Santa Cruz County and includes the cities of Gilroy, Morgan Hill, Santa Cruz, Watsonville, and parts of San José.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Jose and Santa Cruz are 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:** More mental health providers are available in San Jose and Santa Cruz than the national per capita average. However, mental and behavioral health outcomes for residents of the San Jose–Santa Cruz service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for indicators of mental and behavioral health, including thoughts about committing suicide, were higher for Santa Clara County and Santa Cruz County compared to the state. The need for mental health services for issues like depression and anxiety were exacerbated by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 has exacerbated stressors across a wide array of social factors, like housing, jobs, and income, which has led to an increase in anxiety, depression and indicators related to suicide. Informants identified children, women, LGBTQ youth, immigrants, and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services. In the San Jose–Santa Cruz service area, data showed that substance use as it relates to mental and behavioral health, is of particular concern.
2. **Access to care:** A higher percentage of residents are insured and there is greater physician availability within the San Jose–Santa Cruz service area compared with Santa Clara and Santa Cruz counties and the state of California. However, access to care is a persistent health need in this service area as shown in indicators such as insurance not being accepted by general doctors and delayed medical care. Medicaid and public insurance enrollment for the San Jose area and Santa Cruz areas were below the state average. Neighborhoods in the northeastern region of the San Jose–Santa Cruz service area have the lowest Medicaid/public insurance enrollment and are majority non-White. Key informants shared that a barrier to care is physically accessing appointments because of a lack of knowledge about where to go for care or how to navigate the health care system. The switch to virtual visits during the COVID-19 pandemic provided a big opportunity for continuing to provide care, but some barriers included lack of access to a computer, internet, or a private space for a visit, or digital literacy skills to utilize this avenue of care. Informants also cited the cost of insurance (especially for those who do not qualify for Medi-Cal), not knowing how to utilize the coverage they have, and inadequate coverage.
3. **Housing:** The lack of affordable housing is a critical issue for the San Jose–Santa Cruz service area, especially for renters. The service area has higher rates of overcrowded housing, higher rental costs, and a lower housing affordability index compared with the state, especially for Asian and Hispanic residents. Key informants consistently expressed concern over the high cost of living and lack of affordable housing in the San Jose–Santa Cruz service area. They also shared concerns over the growing number of families living in overcrowded housing, couch surfing, or experiencing homelessness. In addition to the lack of affordable and

adequate housing, there are not enough shelters available to meet this growing need. Despite the magnitude of the problem, many informants noted a lack of will and resources to implement the strategies that are necessary to fully address this issue.

4. **Healthy Eating Active Living opportunities:** Issues related to Healthy Eating Active Living (HEAL), including access to transit, healthy food, and walkable neighborhoods, present major health barriers in the San Jose–Santa Cruz service area. Eight ZIP codes in the San Jose–Santa Cruz service area, with higher non-White populations, had lower walkability index ratings compared to the national or state benchmarks. According to key informants, related to HEAL opportunities, there is a general lack of access to food due to widespread joblessness and economic instability. Informants reported that due to the COVID-19 pandemic, community providers focus shifted from nutrition education to assisting households meet basic needs by addressing food and housing insecurities. The unfolding public health crisis put choosing healthy food out of reach for many and forced households to choose between essentials (i.e., paying rent or putting food on the table).

B. Health Needs Not Addressed

The significant health need identified in the 2022 CHNA that KFH-San Jose and Santa Cruz does not plan to address is Food Insecurity. The reason Food Insecurity was not selected is that sufficient community resources exist to address this need.

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 Jose and Santa Cruz Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$14,389,258
Charity care: Medical Financial Assistance Program[2]	$26,414,705
Grants and donations for medical services[3]	$1,687,548
Subtotal	***$42,491,510***
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs[5]	$128,821
Grants and donations for community-based programs[6]	$2,658,424
Community Benefit administration and operations[7]	$287,420
Subtotal	***$3,074,665***
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	$17,045
Grants and donations for the broader community[8]	$226,355
National Board of Directors fund	$25,870
Subtotal	***$269,269***
Health Research, Education, and Training	
Graduate Medical Education[9]	$5,174,466
Non-MD provider education and training programs[10]	$1,534,815
Health research	$1,912,640
Subtotal	***$8,621,921***
TOTAL COMMUNITY BENEFITS PROVIDED	**$54,457,366**

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 Jose and Santa Cruz 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 Jose and Santa Cruz

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$14,389,258	$0	$26,414,705	$40,803,963
2024	**Individuals served**	16,887	2	21,504	38,393

In the Greater San Jose service area, despite a higher percentage of insured residents and greater physician availability compared to state averages, access to care remains a significant challenge. Many neighborhoods, particularly in the northeastern regions of the service area where the population included more underrepresented groups, have lower Medicaid and public insurance enrollment rates than the state average. Key informants shared that several barriers hinder access to care in the Greater San Jose service area including lack of knowledge about available care options, difficulties with virtual visits due to limited access to technology, and the high cost of insurance. In response, the California Immigrant Policy Center (CIPC), Catholic Charities of Santa Clara County, Sacred Heart Community Services, and Santa Cruz Community Health organizations worked together to enroll low-income, uninsured, or underinsured individuals in health care coverage. Collectively the organizations served 149,932 individuals, with CIPC serving 84,400 people, Catholic Charities serving 1,532 individuals, Sacred Heart serving 60,000 individuals, and Santa Cruz Community Health serving 4,000. Through outreach, direct application assistance, and education about available coverage options, these organizations ensured that vulnerable community members had access to the health care they needed and completed enrollment for Medi-Cal, Community Health Care Program, and other options. In addition to improving individual health outcomes, these efforts reduced health disparities across the region.

Healthy Eating Active Living Opportunities

Those with limited access to healthy foods had a higher risk of developing diet-related diseases like diabetes. According to key informants in the Greater San Jose service area, residents lack access to food due to widespread joblessness and economic instability exacerbated by the COVID-19 pandemic. With many families facing economic instability during and following the pandemic, families were forced to make hard decisions about spending and meeting their basic needs (i.e., paying rent or putting food on the table). Second Harvest Food Bank Santa Cruz County and Second Harvest of Silicon Valley are working to improve food security through evidence-based Food is Medicine strategies. Their efforts included outreach, pre-screening, and enrollment support for low-income and food-insecure individuals and families. These organizations also collaborated with local

schools to enroll children in the PreK-12 Schools Free Grocery Distribution program to increase access to healthy food for 14,000 families and children while also addressing the root causes of hunger in underserved communities. Overall, Second Harvest Food Bank Santa Cruz County and Second Harvest of Silicon Valley will work to strengthen their connections with local communities and successfully reach at least 23,000 individuals through their efforts.

Housing

The lack of affordable housing was a critical issue for the Greater San Jose service area, especially for renters. The service area has a growing number of families facing homelessness, higher rental costs than the state, and higher rates of overcrowded housing. Key informants reported that with limited shelter options and inadequate resources, local organizations faced significant challenges in addressing these issues. Housing Matters is stepping in to increase access to and equitable distribution of legal, housing and social services for people that are currently unhoused or at risk of homelessness. Grant funding provided rent subsidies to ten households in Santa Cruz County for up to six months, helping them maintain stable housing while waiting for their housing vouchers and public assistance to take effect. Through case management and flexible housing funds, Housing Matters aimed to prevent homelessness by ensuring individuals remained housed and had the support they needed for long-term stability.

Mental and Behavioral Health

While the Greater San Jose service area has a higher number of mental health providers than the national average, the need for mental and behavioral health services remains critical. Rates of anxiety, depression, and suicidal thoughts are higher than state averages among youth. In response, Big Brothers Big Sisters of the Bay Area is offering one-on-one community-based mentoring to 280 underserved teens across the Bay Area by matching them with culturally competent, vetted, and trained adult mentors. Participation in this program provided youth with critical emotional regulation skills and a better understanding of how to seek and access mental health services. These tools provided individuals with increased stability leading to reduced symptoms of depression and other mental health conditions.

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.