

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

SAN LEANDRO
Northern California Region



Kaiser Foundation Hospitals (KFH)

Table of Contents

I. Introduction and Background

- A. About Kaiser Permanente
- B. About Kaiser Permanente Community Health
- C. Purpose of the Report

II. Overview and Description of Community Benefit Programs Provided

- A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
- B. Medical Care Services for Vulnerable Populations
- C. Other Benefits for Vulnerable Populations
- D. Benefits for the Broader Community
- E. Health Research, Education, and Training Programs

III. Community Served

- A. Kaiser Permanente's Definition of Community Served
- B. Demographic Profile of Community Served
- C. Map and Description of Community Served

IV. Description of Community Health Needs Addressed

- A. Health Needs Addressed
- B. Health Needs Not Addressed

V. Year-End Results

- A. Community Benefit Financial Resources
- B. Examples of Activities to Address Selected Health Needs

VI. Appendix

I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For more than 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technological advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It is also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy is not just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

For information on the CHNA, refer to the [2022 Community Health Needs Assessments and Implementation Strategies](http://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual year-end community benefit reporting regulations under the California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2024, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of **\$1,817,728,928** in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Table A. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2024 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

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

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 32 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who do not have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services, and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, addressing workforce shortages and enhancing cultural competency within the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community-based organizations, and schools.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy, and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from underserved communities with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy

and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of Community Served

KFH-San Leandro service area demographic profile

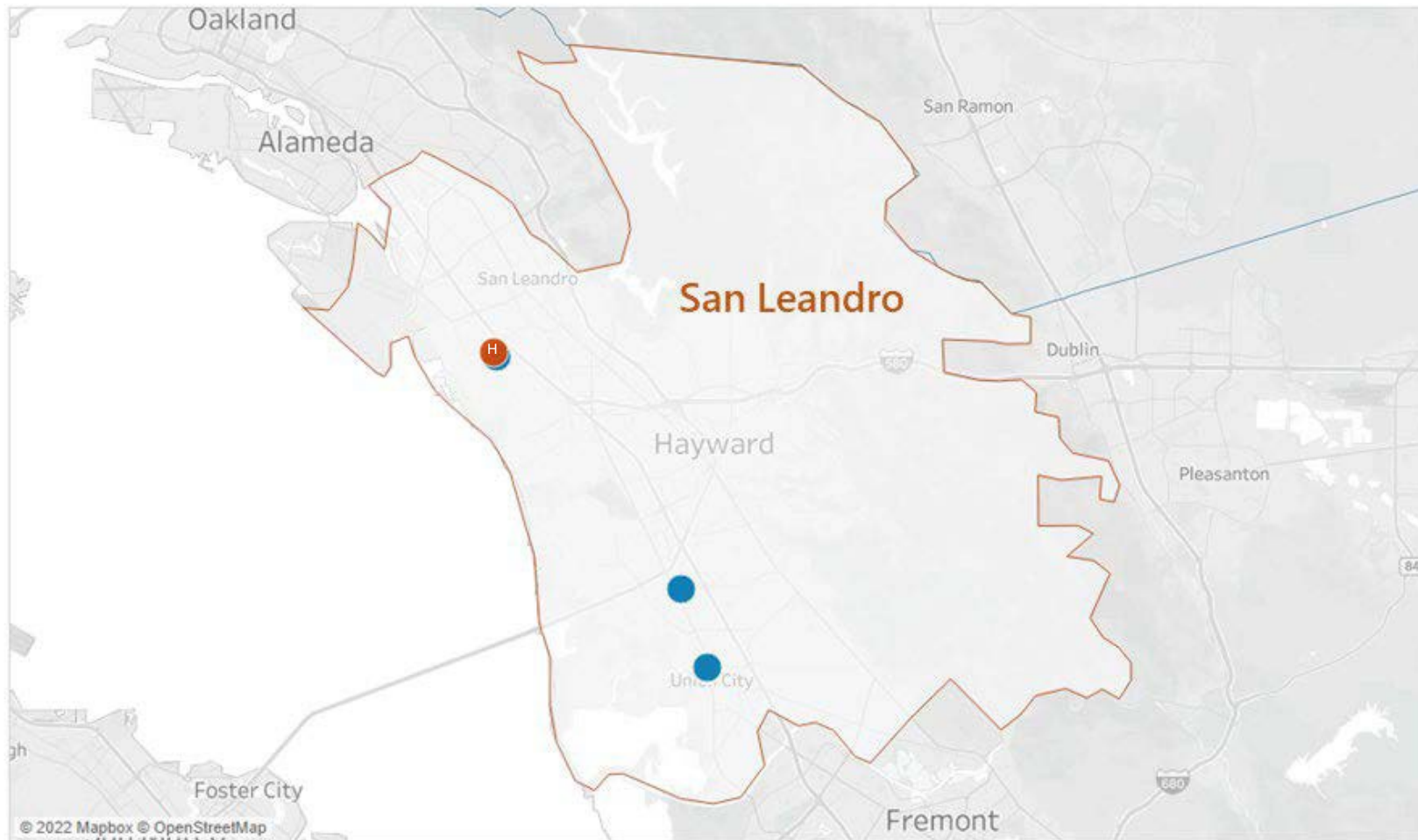
Total population:	522,973
American Indian/Alaska Native	0.2%
Asian	5.6%
Black	2.0%
Hispanic	19.3%
Multiracial	3.3%
Native Hawaiian/other Pacific Islander	0.2%
Other race/ethnicity	0.3%
White	69.1%
Under age 18	21.8%
Age 65 and over	13.3%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-San Leandro service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-San Leandro service area covers the southern part of Alameda County. The cities served include Castro Valley, Hayward (including the unincorporated areas of Ashland, Cherryland, and Fairview), San Leandro, San Lorenzo, and Union City.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-San Leandro is addressing during the 2023-2025 Implementation Strategy period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **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. People in the San Leandro service area have a high need for access to mental and behavioral health services that combat opioid overdose and mental health issues resulting in deaths of despair, especially Black residents. Specifically, opioid overdose death rates are twice as high for Black residents than the San Leandro service area overall. Deaths of despair, those due to suicide, drug overdose, and alcoholism are higher for Black and white residents of the San Leandro service area compared to other racial and ethnic groups for which data are available, as well as for the San Leandro service area. According to key informants, youth are experiencing harassment and bullying, and LGBTQ and BIPOC (Black, Indigenous, and People of Color) are experiencing trauma and over policing. The COVID-19 pandemic increased isolation, loneliness, and anti-Asian hate crimes which can compromise both mental and behavior health.
2. **Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The San Leandro service area experiences better outcomes across many measures of access to care. These include higher rates of insured populations compared to California and other measures such as infant mortality, which are on par with Alameda County. However, rates of these measures differ across racial and ethnic groups and ZIP codes. Black residents in the San Leandro service area experience higher rates of infant mortality than the service area. COVID-19 death rates were highest among Multiracial and Black residents, compared to all other racial and ethnic groups and the San Leandro service area overall. In addition, the ZIP code with the highest proportion of Hispanic residents had the highest rate of uninsured, both for total population and for children. Key informants described three main barriers to accessing care in the San Leandro service area: cost, logistics in accessing appointments, and quality of care.
3. **Income & employment:** Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. San Leandro service area residents in the labor force often need to travel out of the service area for employment and key informants reported that the San Leandro service area lacks jobs that pay livable wages. Additionally, the San Leandro service area has higher rates of students eligible for free and reduced-price lunch than the state; an indicator of the prevalence of families finding it difficult to make ends meet. San Leandro service area neighborhoods with relatively high Black populations also experience lower median income levels. Key informants highlighted that some

populations are impacted more (e.g., communities that face discrimination when applying for jobs), such as people who are LGBTQ (especially transgender), youth, formerly incarcerated, older adults, and people with undocumented status.

B. Health Needs Not Addressed

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

Reason	Housing	Community safety
Less feasibility to make an impact on this need	x	x
Less ability for Kaiser Permanente to leverage expertise or assets to address this need	x	x
This need is incorporated into other needs selected	x	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 Leandro Community Benefits Provided in 2024** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$20,972,252
Charity care: Medical Financial Assistance Program ²	\$26,726,558
Grants and donations for medical services ³	\$738,327
Subtotal	\$48,437,136
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$231,878
Grants and donations for community-based programs ⁶	\$1,294,686
Community Benefit administration and operations ⁷	\$283,451
Subtotal	\$1,810,014
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$16,809
Grants and donations for the broader community ⁸	\$171,580
National Board of Directors fund	\$25,512
Subtotal	\$213,902
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$483,005
Non-MD provider education and training programs ¹⁰	\$971,925
Health research	\$1,886,226
Subtotal	\$3,341,156
TOTAL COMMUNITY BENEFITS PROVIDED	\$53,802,209

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 Leandro 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 Leandro

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$20,972,252	\$0	\$26,726,558	\$47,698,810
2024	Individuals served	33,253	0	21,790	55,043

The San Leandro service area experiences disparities across access to care indicators including higher rates of infant mortality for Black residents and higher rates of uninsured residents in predominantly Hispanic or Latino neighborhoods. Key informants noted that the three main barriers to accessing care in the San Leandro service area are cost, logistics in accessing appointments, and quality of care. The Tiburcio Vasquez Health Clinic (TVHC) helps individuals obtain health coverage and increases Medi-Cal, Covered California, and CalFresh enrollments. Promotoras in Southern Alameda County provide outreach to community members focused on enrollment and application assistance. TVHC provides annual training, coaching, and stipends to Promotoras each year, who then provide outreach and information about having a medical home, made referrals to health centers and insurance carriers, and helped enroll participants in health care programs. TVHC Promotoras promoted Kaiser Permanente's Community Health Care Program California (CHPC) for those who do not qualify for Medi-Cal or any other health insurance. Serving South and Central Alameda County, TVHC's patient population is composed of 96% of patients are at or below 200% of the Federal Poverty Level, 97% are covered by public insurance, and 60% are best served in a language other than English. This grant supported the submission of 2,000 applications and supported at least 1,500 low-income residents, workers, and students in Southern Alameda County to enroll in health benefits.

Income and Employment

According to key informants, there are a lack of jobs that paid a livable wage in the San Leandro service area, which puts a strain on available household resources. The service area has higher rates of students eligible for free and reduced-price lunches than the state, an indicator of the prevalence of families finding it difficult to make ends meet. Through their food recovery program, the San Lorenzo Family Help Center support very low-income families, seniors, and the unhoused in the greater San Lorenzo area and the surrounding unincorporated area. San Lorenzo Family Help Center's target population earn less than 70% of the median income. They rented rooms, apartments, shared housing, and some slept-in cars, tents, or motor

homes. Sixty percent of the recipients were between 60-94 years old, and about 5% were unhoused. Many were disabled but did not qualify to receive Supplemental Security Income. Through this program, 25% more families (approximately 4,000 individuals) in San Lorenzo, received food through the expansion of mobile pantries within areas where stores were farther from housing areas.

Mental and Behavioral Health

People in the San Leandro service area have a high need for access to mental and behavioral health services that combat opioid overdose and mental health issues resulting in deaths of despair. Deaths of despair, those due to suicide, drug overdose, and alcoholism, are higher for Black and white residents of the San Leandro service area compared to other racial and ethnic groups. Through an expansion of school-based, trauma-informed services in the Greater Southern Alameda County area, the Crisis Support Services (CCS) of Alameda County will provide mental health crisis intervention and suicide prevention presentations, training, resources, and services to 500 middle and high school youth who have limited to no access to mental and behavioral health services due to language and economic barriers. The project is school-based and works collaboratively and directly with teachers, school administrators, school staff, parents and caregivers from 13 middle and high schools in Alameda County. The program supported low-income youth who lack access to mental health services. CCS built capacity to support youth mental health and suicide prevention through training, interventions, and individual support. With support from this program, 600 individuals gained increased knowledge about suicide warning signs, assessing suicidal thoughts, how to help, best practice interventions, and increased awareness of local and national mental health crisis intervention and suicide prevention resources.

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.