Consolidated Community Benefit Plan

FISCAL YEAR 2024

Kaiser Foundation Hospitals in California

SOUTH BAY

Southern 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

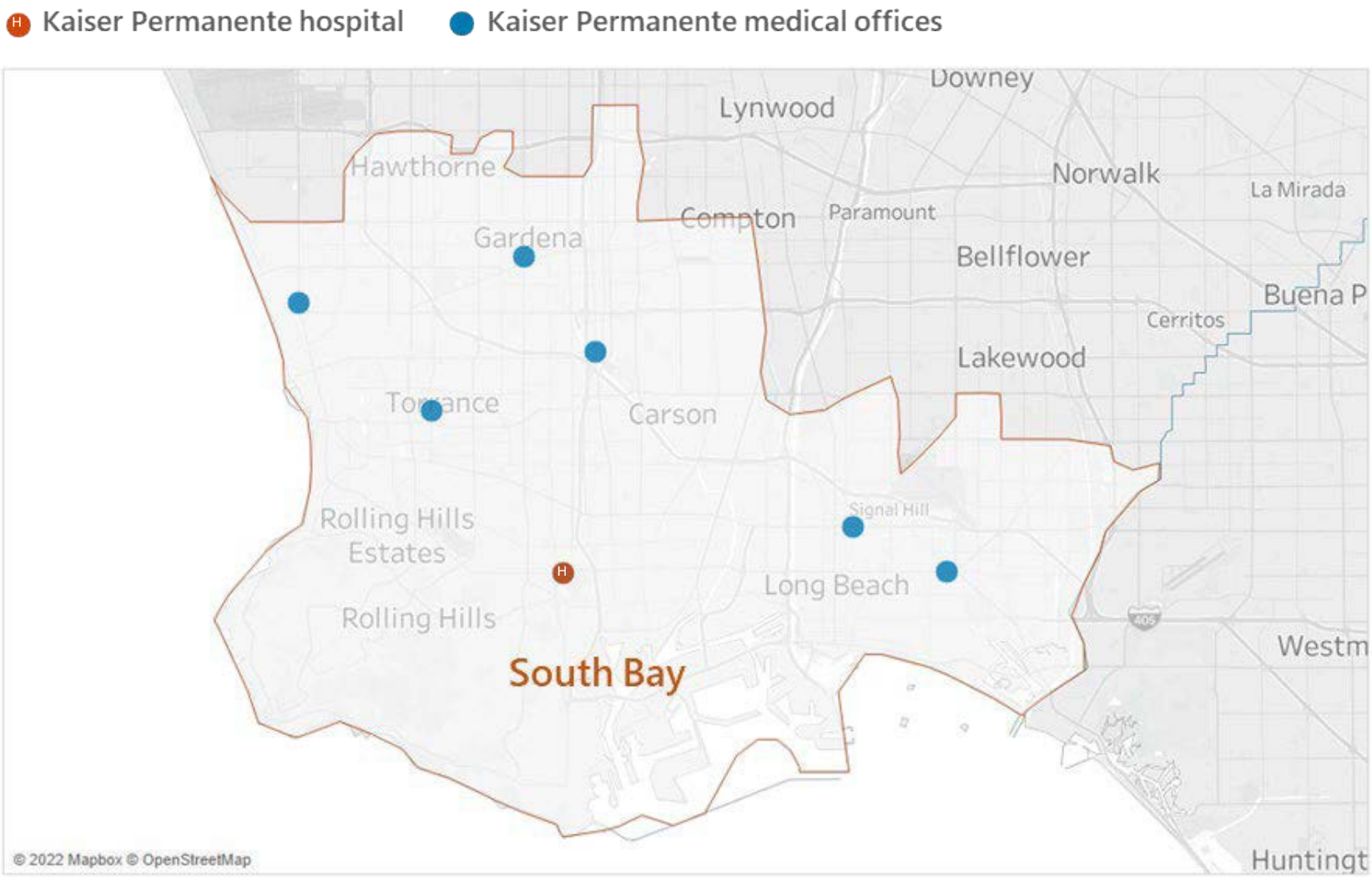
KFH-South Bay service area demographic profile

Total population:	**1,354,087**
American Indian/Alaska Native	0.2%
Asian	17.2%
Black	11.2%
Hispanic	38.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.3%
White	28.3%
Under age 18	22.2%
Age 65 and over	14.1%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-South Bay service areas



The KFH-South Bay service area includes (formerly KFH-Harbor City) service area includes Carson, Santa Catalina Island, Compton, Gardena, Harbor City/Harbor Gateway, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Estates, Rancho Palos Verdes, Redondo Beach, San Pedro, Signal Hill, Torrance, and Wilmington.

IV. Description of Community Health Needs Addressed

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

A. Health Needs Addressed

1. **Housing:** The South Bay service area has a much lower affordability index (70.6) than the state (88.1). Given the rise in the cost of real estate, the home ownership rate in the service area (48.8 percent) is lower than the state average (54.8 percent). In general, housing in the South Bay service area is not considered affordable, because residents spend an average of 36.4 percent of their income on mortgage compared to the state average of 30.8 percent. This scarcity of affordable housing in the South Bay service area has exacerbated housing challenges faced by communities of color.
2. **Mental & behavioral health:** Pre-pandemic data show that depression rates within the South Bay service area vary by service planning area (SPA), with SPA 6 having higher rates of adults with current depression and higher rates of adults at risk for major depression than SPA 8. Mental and behavioral challenges such as anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/as. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. Community representatives noted that there is limited access to mental health services for individuals with severe mental health needs, detox treatment locations, mental health providers of color, and providers who provide gender affirmative care in the South Bay service area.
3. **Income & employment:** People with steady employment are less likely to have an income below poverty level and more likely to be healthy. The unemployment rate in the South Bay service area exceeds the state (16.5 percent compared to 15.8 percent). Data shows that there is a correlation between unemployment rate and racial identity. As the percentage of people of color increases, the unemployment rate also increases. Community representatives noted that even before the pandemic, some residents did not have access to regular employment due to limited skills or knowledge to navigate the workplace. Due to the COVID-19 pandemic, South Bay service area residents, particularly residents of color faced multiple challenges. Many residents of color are essential workers, which increases their likelihood of contracting COVID-19 and thus being out of work due to illness. For others working in the hospitality or entertainment industry, they may have lost their employment and income due to stay at home orders/mandates.
4. **Access to care:** Throughout the South Bay service area, a higher percentage of the population is uninsured (8.2 percent) compared to the state (7.5 percent). Within the South Bay service area, there is a correlation between the percentage of uninsured individuals and percentage of people of color, such that zip codes with a higher percentage of people of color also have a higher percentage of uninsured people. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers to receiving regular care due to language needs, lack of health education, limited

access to technology, transportation options, medical mistrust, lack of culturally responsive providers, differential treatment based on race and gender identity, and limited health care resources.

5. **Structural inequities:** In the South Bay service area, health disparities vary by zip code, with areas where more than 50 percent of the population identify as people of color faring worse on a variety of measures than predominantly white neighborhoods. This mirrors historical evidence of overinvestment of resources to advantage one group, while disinvesting through policies and practices, thereby disadvantaging other groups especially people of color. For example, the city of Compton, where 99 percent of the population identify as people of color, has lower health insurance rates, lower life expectancy, higher percentage of low birth weights and higher rates of infant death than the city of Redondo Beach, where slightly over two-thirds of the population identify as white (68 percent).
6. **Food insecurity:** As a region, the South Bay service area has lower SNAP enrollment rates than the state average. However, examination of zip-code level SNAP enrollment data show that the communities of Compton, Gardena, Harbor City, Hawthorne, Lawndale, Los Angeles, Long Beach, San Pedro, and Wilmington have higher enrollment rates than the State. Due to the impact of COVID-19 on income and employment, food insecurity rates increased for all households since 2020. Other barriers to food access identified by community representatives included language barriers, immigration status, transportation needs, limited access to grocery stores, cost of food, and lack of awareness of existing resources (e.g., food banks, food distribution events).

B. Health Needs Not Addressed

KFH-South Bay is addressing all significant needs identified in the 2022 CHNA implementation strategy.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis, (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B

KFH-South Bay Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall[1]	$16,478,029
Charity care: Medical Financial Assistance Program[2]	$17,995,904
Grants and donations for medical services[3]	$189,777
Subtotal	***$34,663,710***
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center[4]	$1,468,530
Youth Internship and Education programs[5]	$190,170
Grants and donations for community-based programs[6]	$445,513
Community Benefit administration and operations[7]	$305,709
Subtotal	***$2,409,922***
Benefits for the Broader Community	
Community health education and promotion programs	$78,608
Community Giving Campaign administrative expenses	$9,242
Grants and donations for the broader community[8]	$231,075
National Board of Directors fund	$16,370
Subtotal	***$335,295***
Health Research, Education, and Training	
Graduate Medical Education[9]	$549,378
Non-MD provider education and training programs[10]	$660,731
Grants and donations for the education of health care professionals[11]	$12,759
Health research	$409,943
Subtotal	***$1,632,811***
TOTAL COMMUNITY BENEFITS PROVIDED	**$39,041,738**

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, including increased supplier diversity, socially responsible investing, and environmental stewardship. The complete 2022 IS report is available at https://www.kp.org/chna.

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

Access to care

KFH-South Bay 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-South Bay

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	**Investment**	$16,478,029	$0	$17,995,904	$34,473,933
2024	**Individuals served**	32,685	51	16,381	49,117

Residents of the South Bay service area that are most adversely affected by disparities in access to care are people of color. Within the South Bay service area, there is a correlation between the percentage of uninsured individuals and percentage of people of color, such that ZIP codes with a higher percentage of people of color also have a higher percentage of uninsured people. Insurance by itself does not guarantee access to appropriate care, and many community members experienced barriers to receiving regular care due to language needs, lack of health education, limited access to technology, transportation options, medical mistrust, lack of culturally responsive providers, differential treatment based on race and gender identity, and limited health care resources. Kaiser Permanente has partnered with the City of Long Beach Maternal and Child Health Access Project, and The ROADS Foundation to enroll as many people as possible through Medi-Cal Expansion and assisted in transitions to marketplace coverage and other coverage options, such as the Kaiser Permanente Community Health Care Program. Focused on outreach, engagement, retention, and engagement on coverage options and benefits, this partnership provided various levels of support including insurance enrollment, pre-screening, direct application assistance, and dissemination of print and digital materials to the community. The services target low-income and immigrant families and communities with incomes of up to 300% of the federal poverty level. This partnership aims to reach 800,000 individuals and continues to ensure community members can be reached and successfully complete health coverage enrollment applications.

Food insecurity

Although food insecurity is prevalent across the South Bay service area, certain communities have greater need as evidenced by higher rates of SNAP enrollment. Other barriers to food access identified by community representatives included language barriers, immigration status, transportation needs, limited access to grocery stores, cost of food, and lack of awareness of existing resources (e.g., food banks, food distribution events). With the goal of addressing food insecurity with community residents and home-bound clients and enhancing the potential of families in the community by enrolling them in family services, Kaiser Permanente partnered with Toberman Neighborhood Center’s food pantry. This program provides nutritious groceries and other essential household items

to registered individuals and families in need across Harbor City, Harbor Gateway, San Pedro, and Wilmington. Registering residents as clients also grants them access to a range of services at Toberman Family Source Center, such as case management, job training, youth programs, gang prevention, intervention services, and free tax preparation. This program has served predominantly Hispanic or Latino individuals, those of ages 5 to over 63 years, many of whom receive food stamps and live in multi-generational low-income homes. The majority of those served are at 300% of the federal poverty level.

Housing

As a result of severe housing burden and overcrowded housing, particularly for communities of color, the homeownership rate in the South Bay service area is low. In general, housing is not considered affordable because residents spend an average of 36% of their income on a mortgage, which was higher than other regions of the state. With the goal to increase housing stability, preventing evictions, and ensuring safe and stable housing for community residents, Kaiser Permanente partnered with Neighborhood Legal Services of Los Angeles County and Mental Health Advocacy Services to strengthen their legal aid capacity and Medical-Legal Partnership programs. The funding support increased access to housing-related legal services provided by professional staff to offer a variety of legal support to protect tenants' rights, and to resolve and arrive at acceptable landlord-tenant agreements. These legal services are supplemented with case management and connections to other government-funded programs.

Income & employment

In the South Bay service area, there are clear racial disparities in income where Black, Hispanic or Latino, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native residents earned significantly less than their white counterparts. Additionally, Black, Hispanic or Latino, and American Indian or Alaska Native students in the South Bay service area trailed Asian and white students in high school graduation rates, which is important to consider given that educational attainment impacted individuals’ ability to acquire a well-paying job. To address this need, Kaiser Permanente partnered with California Association for Microenterprise Opportunity to provide technical assistance to young and emerging Community Development Financial Institutions (CDFIs) interested in building their lending infrastructure, knowledge, and skills for greater impact and stronger portfolios via the CDFI Essentials program. By enrolling organizations in the 2025 cohort of the CDFI program and coordinating eleven workshops and training sessions, Kaiser Permanente supported participating organizations effectively. In addition to these group sessions, over 40 hours of individualized consulting were provided. Through these efforts, Kaiser Permanente assisted California microlending CDFIs in expanding their small business lending and service impact. The initiative also aimed to increase policymakers' and the public's awareness of policies that helped entrepreneurs from diverse backgrounds build wealth and invest in their communities. A total of 90 small business staff and California government staff were reached.

Mental & behavioral health

Mental and behavioral health issues are a significant concern in the South Bay service area and are disproportionately experienced by communities of color. Many residents have felt the stigmatization of seeking mental health care and impacts of structural inequities, including discrimination in health care and non-health care settings, redlining, gentrification, and poverty. To help individuals affected by mental and behavioral health, Kaiser Permanente collaborated with Connected to Lead, a nonprofit dedicated to promoting leadership development and relationship-building among young professionals, to strengthen its organizational capacity to provide effective youth mental health support, expand individuals' access to mental health resources and reduce stigma among youth, and foster emotional resilience and positive relationships. Kaiser Permanente aims to equip staff, mentors, and volunteers with the skills and knowledge needed to support youth mental health and well-being, increase awareness and utilization of mental health services and resources among participants, and promote emotional well-being, leadership skills, and positive social connections. This partnership with Connected to Lead hosted listening sessions with youth and identified youth who were trained as peer mental health mentors, building internal capacity and understanding for the expansion of mental health offerings, and developing and implementing activities that support staff, board members, interns, and volunteers with their own mental health and well-being. An estimated 29 diverse youth ages 13-18 were reached.

Structural inequities

Structural inequities has a significant impact on educational and financial outcomes, access to care, and birth outcomes for communities of color in the South Bay service area. School districts in high-poverty neighborhoods, comprised predominantly of people of color, typically receive less funding than school districts in high-poverty white neighborhoods, which negatively impact education achievement and employment for students of color. Relatedly, two-thirds of households of color reported annual household incomes of $80,000 or less when compared to over 40 percent of white households. Given these health disparities, Kaiser Permanente partnered with BOSS, Inc., a nonprofit that provides academic guidance and support to youth, to support activities aimed at inspiring, empowering, and preparing Black, Hispanic or Latino, and economically disadvantaged boys to be transformed by teaching them foundational pillars and showcasing excellence through BOSS' Advancing Health and Racial Equity Through Education effort. By contributing programming that addressed the multifaceted barriers that male youth faced and equipping participants with the knowledge and resources needed to improve their chances of thriving and breaking the cycle of inequity, Kaiser Permanente hopes to decrease self-reported levels of anxiety and depression among male youth, improve their social skills, and increase participants' financial literacy, overall fitness level, and academic improvement.

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.