Kaiser Permanente Vallejo Medical Center

2025 Community Benefits Plan

HCAI License Number: 106480989

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1. Introduction

a. Kaiser Permanente's Mission Statement

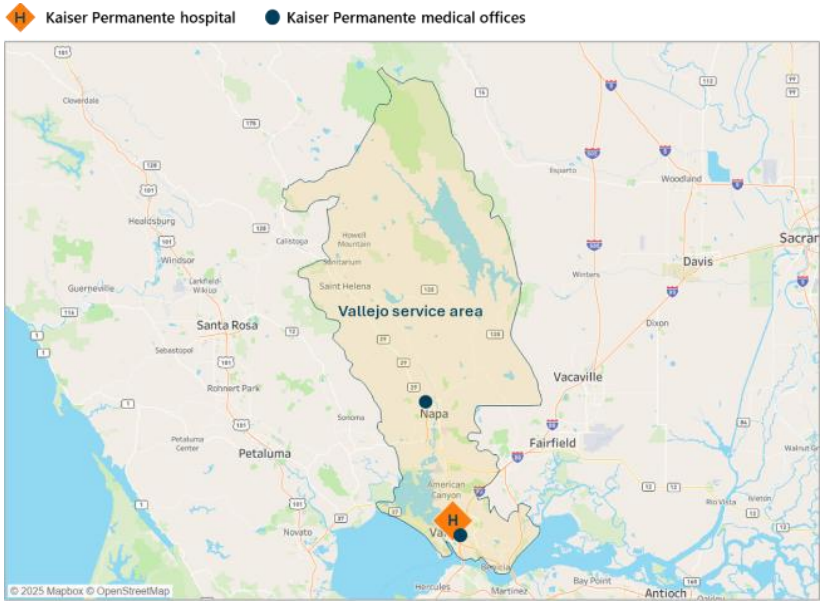
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 nearly 12.6 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 technology 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. Definition of the Community

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



2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente Vallejo Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by Kaiser Permanente's commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level quantitative data and input from those who represent the broad interests of the community. We prioritize health equity in our CHNA process — including the data collection and analysis stages — and we are committed to gathering community perspectives on the impact of social health factors and health disparities. To meet this commitment, we engage with other hospitals, public health, and community organizations committed to advancing health for vulnerable populations.

To view or download the Kaiser Permanente Vallejo Medical Center CHNA report and three-year Implementation Strategy (IS), please refer to Kaiser Permanente Community Health Needs Assessments (https://www.kp.org/chna). The IS also will be filed with the Internal Revenue Service using Form 990, Schedule H.3.

b. Community Engagement in Development of the Plan

Kaiser Permanente's approach to CHNA prioritizes collecting qualitative data primarily through key informant interviews with individuals representing the broad interests of the community, including expertise in public health and knowledge about challenges affecting those disadvantaged by their social or economic status, geographic location, and environment. The key informant selection process aims to represent a range of community voices across all populations in that community, especially vulnerable populations. In the most recent CHNA process key informants included leaders from organizations representing local, state, and/or tribal public health, key sectors engaged in solutions (e.g., housing, economic opportunity), and those serving specific communities (e.g., people with disabilities, people who are unhoused).

As part of the CHNA process, Kaiser Permanente considers both quantitative and qualitative data to inform the prioritization of health needs for a community. Community voice through qualitative data is weighed highly in the prioritization process, above quantitative measures. In addition, Kaiser Permanente is committed to partnering with hospitals, local and tribal public health agencies, and community organizations to understand needs and advance health and health equity in the communities we serve.

Kaiser Permanente also developed a free, web-based data platform that provides access to a core set of 85 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants

of health. The public is able to view and download information from the Community Health data platform (https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente Vallejo Medical Center participates in a Napa County CHNA collaboration and a Solano County CHNA collaboration.

Hospitals that collaborated on the CHNA: NorthBay Health, Providence Queen of the Valley Medical Center, Sutter Solano Medical Center, Kaiser Permanente Vacaville Medical Center

Other organizations that collaborated on the CHNA: Public health agencies: Solano County Public Health, Napa County Public Health

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente Vallejo Medical Center prioritized the following significant health needs, in priority order:

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Vallejo service area, there is an urgent need for more linguistically and culturally responsive care to address the significant racial/ethnic and other disparities in access to care. There are disparities such as unequal access to a usual source of care for vulnerable populations. Interviewed community leaders shared that there are insufficient specialty care options, too few providers for Medi-Cal and uninsured populations, and health services which have limited hours of operation and are inaccessible via public transportation. They also identified strategies to address access to care such as supporting vulnerable communities in accessing care; enhancing training for providers on culturally and linguistically responsive care; expanding access to specialty care providers across hospital systems; and strengthening cross-sector collaboration and coordination to integrate and improve care for individuals across providers.

2. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among vulnerable populations. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Vallejo service area, rates of death due to suicide, alcohol related disease, and drug overdoses per 100,000 are higher than state averages. The interviewed community leaders shared that there are insufficient mental health services to meet the needs of the community for moderate mental health needs, on-site services, specialty care, and mental health services for underinsured people. They also expressed an urgent need for more linguistically and culturally responsive services, and identified strategies to address mental and behavioral health such as applying place-based and community specific strategies; hiring mental health providers who are culturally- and linguistically-responsive to the communities they serve; and expanding the use of peers and trusted messengers in delivering care.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Vallejo service area, an increasing cost of living amid stagnant wages has put pressure on low-income workers, who often have to choose whether to prioritize housing, food, or health care. There are disparities such as high rates of child poverty in the City of Vallejo and significant racial disparities in per capita income for vulnerable populations. Interviewed community leaders shared that frontline workers and those in the hospitality industry have been disproportionately impacted by economic insecurity. They also identified strategies to address income and employment such as paying nonprofit workers a living wage; subsidies to ease economic pressures for low-income families; and addressing the root of economic insecurity issues through advocacy and systems change efforts.

4. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Renters from diverse backgrounds are more likely to live in cost-burdened households and face housing instability. In the Vallejo service area, high rental costs and the destruction of recent wildfires have led to a lack of affordable housing. There are disparities such as a lack of affordable housing options for households with lower incomes. The interviewed community leaders shared that local wages have not kept pace with rising costs of living, leading to the displacement of long-term residents, younger families, and service workers who can no longer able to afford to live and work in the area. They also identified strategies to address housing such as expanding housing stock to include more affordable options,

addressing barriers to economic security by increasing local wages, and collaborating across sectors towards advocacy and systems change efforts.

d. Health Needs Identified but Not Addressed

The significant health need identified in the 2022 CHNA that Kaiser Permanente Vallejo Medical Center does not plan to address is shown below, along with the reasons for not addressing that need.

Reason Family & Social Support and Transportation were not selected:
• Community does not prioritize this need over other issues
• Less feasibility to make an impact on this need
• Less ability for Kaiser Permanente to leverage expertise or assets to address this need
• Less ability to leverage community assets to address this need
• This need is incorporated into other needs selected
• Aspects of this need will be addressed in strategies for other needs

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).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente Vallejo Medical Center addressed during the 2023-2025 Implementation Strategy period.

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 table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. 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 are not included in the financial totals for 2025.

Access to Care			
Name of Community Partner	**Title of Grant/Partnership**	**Service Areas Impacted**	**Description**
OLE HEALTH – CommuniCare+OLE	OLE Health Care Coordination	Vacaville; Vallejo	CommuniCare OLE's bilingual care coordinators connected low-income patients across Napa County and Fairfield to comprehensive primary, behavioral and dental health services.
Community Health Initiative Napa County, Inc	Sustaining Access to Care	Vacaville; Vallejo	CHI supported critical access to healthcare by addressing existing, new, and emerging barriers faced by the most vulnerable populations in Solano and Napa counties, including low-income families, children, and seniors.
Solano Transportation Authority	Expansion of the Solano Mobility Older Adults Medical Trip Concierge Program utilizing GoGo	Vacaville; Vallejo	Solano Transportation Authority's GoGo Program expanded access to medical appointments and essential services for seniors, veterans, and ADA-eligible individuals across Solano County by increasing ride availability.
Molly's Angels	Increasing Access to Healthcare Services for Napa and Solano County Seniors	Vacaville; Vallejo	Molly's Angels expanded transportation access and social support for seniors in Napa and Solano Counties by providing reliable rides to medical appointments and essential services, conducting wellness checks and care calls to combat isolation and strengthening volunteer networks.
Solano County First 5	Family Navigation Program to provide information/referrals and	Vallejo	First 5 Solano's Family Navigation program connected families with children ages zero to five in Vallejo to essential social and non-

	linkages to increase access to social non-medical services		medical services through individualized consultations, needs screenings, referrals, and follow-up support at the First 5 Center.
Planned Parenthood: Shasta-Diablo, Inc.-Planned Parenthood Northern California	Bridging Gaps to Care: Planned Parenthood Northern California's Community Health Initiatives in Solano County	Vacaville; Vallejo	Planned Parenthood Northern California provided critical community outreach and linkages to medical and social health care via the Community Health Worker (CHW) program in Solano County.
Medi-Cal Kaiser Permanente provides coverage to Medi-Cal members in 22 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.			
Community Health Coverage Program (CHCP) Kaiser Permanente's CHCP provides health care coverage to people who have low-income and don't have access to other public or private health coverage. CHCP enrolls qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHCP, members' monthly premiums are subsidized, and members do not have to pay copay or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHCP, 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 (MFA) Kaiser Permanente's 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 patients who are low-income, uninsured, or underinsured cover the costs of 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 can't afford to pay.			

Mental & Behavioral Health			
Name of Community Partner	**Title of Grant/Partnership**	**Service Areas Impacted**	**Description**
Monarch Justice Center	Navigation Services at Monarch Justice Center Supporting the Health and Safety of Napa County Residents	Vallejo	The Monarch Justice Center provided comprehensive services and support for community members who experienced victimization and abuse. In 2024, the program directly supported more than 135 clients across

			Napa County, and demand rose significantly in 2025 due to expanded countywide outreach and education efforts.
Cope Family Center	Parents as Teachers Home Visiting Program 25.26	Vallejo	Cope Family Center supported family mental health and stabilization through family screenings, parental guidance, and healthy child development resources for families with children ages 0–5. Family Support Specialists (FSS) mentored and monitored their assigned families from the prenatal period (or when the child was under two) until the target child entered kindergarten.
Center for Urban Excellence	Fostering Resilience in Action: Advancing Mental Wellness and Success	Vallejo	Center for Urban Excellence provided trauma-informed workshops, peer mentorship, and culturally responsive mental wellness resources to system-involved BIPOC youth and families in Vallejo's most underserved neighborhoods.
UpValley Family Centers	Enhancing and Increasing Mental Health Supports in Rural, Northern Napa County	Vallejo	UpValley Family Centers expanded mental health access for geographically isolated residents of rural northern Napa County by providing outreach, case management, parenting workshops, subsidized therapy and staff training in mental health first aid.
Solano Pride Center	Solano Pride Center Reducing Mental Health Disparities	Vacaville; Vallejo	Solano Pride Center expanded access to culturally responsive mental health services for vulnerable individuals in Solano County by providing individual counseling, case management, community support groups, and school-based youth programming.
Aldea, Inc.	Aldea Substance Use Prevention and Treatment Services	Vacaville; Vallejo	Aldea expanded substance use prevention and treatment services for youth ages 13 to 21 in underserved communities across Napa and Solano Counties by delivering evidence-based counseling, school and community prevention education, recovery support, and referral services.

Income & Employment			
Name of Community Partner	**Title of Grant/Partnership**	**Service Areas Impacted**	**Description**
Food Bank of Contra Costa and Solano	Equitable Access to Healthy Food Distribution in Contra Costa and Solano, Diablo - Grants splits with NSA	Vacaville; Vallejo	The Food Bank of Contra Costa and Solano supported equitable access to healthy food by distributing fresh produce, proteins, dairy, and shelf-stable food at no cost and launching a new produce distribution site in an underserved community.
Solano Community College Educational Foundation	S.O.A.R. (Student Overcoming Adversity & Recedvisim	Vacaville; Vallejo	SOAR provided career readiness training, case management, employer engagement, and expungement assistance to justice-involved individuals in Solano County.
Meals on Wheels Solano County	Home-Delivered & Emergency Meals	Vacaville; Vallejo	Meals on Wheels of Solano County delivered nutritious home-delivered meals and emergency meal boxes to low-income, homebound seniors ages 60 and over across Solano County.
10,000 Degrees	Breaking the cycle of poverty for Napa Valley students	Vallejo	10,000 Degrees empowered low-income students at six Napa Valley high schools to break the cycle of intergenerational poverty by providing near-peer mentorship, financial aid workshops, FAFSA completion support, college knowledge presentations and college tours.
Catholic Charities of Solano, Inc.	Nourishing Communities: Food Access Support	Vacaville; Vallejo	Catholic Charities of Solano provided nutritious meals, groceries, and essential supplies to vulnerable individuals and families facing food insecurity across Solano County.

Housing			
Name of Community Partner	**Title of Grant/Partnership**	**Service Areas Impacted**	**Description**
Abode Services	Housing Stabilization Fund - Napa & Solano	Vacaville; Vallejo	Abode Services Napa and Solano supported a Housing Stabilization Fund that provided

			flexible financial assistance for move-in costs, basic household items, and other critical needs not covered by public funding. The project benefited individuals and families experiencing homelessness by helping them become housing-ready, transition into stable housing, and maintain long-term financial and social stability.
Caminar	Resource Connect Solano	Vacaville; Vallejo	Caminar supported Resource Connect Solano in providing rental assistance to Solano County residents facing homelessness by ensuring individuals and families could access assessments, referrals, and the appropriate housing interventions. By prioritizing households based on need and vulnerability, the program helped community members exit homelessness and transition into stable housing as efficiently as possible.
On The Move	The VOICES Solano Youth Housing Stabilization Program	Vallejo	VOICES Solano's Youth Housing Stabilization Program provided street-based outreach, housing navigation services, and stabilization cash grants to transition-age youth experiencing or at risk of homelessness in Solano County.
Choice in Aging	Housing Stability Stipend Fund	Vacaville; Vallejo	Choice in Aging's PEAS Program created a housing stability initiative in Solano County to prevent homelessness among older adults ages 60 and over by providing financial assistance for back rent, shallow rent stipends, housing deposits, utilities, and blight remediation, combined with case management and expanded partnerships with housing and social service providers.
Napa Emergency Women's Services	Domestic Violence Housing First (DVHF)	Vallejo	NEWS provided one-time financial assistance, trauma-informed mobile advocacy, and community engagement to domestic violence

	Homelessness Prevention Program		survivors and their children in Napa County facing homelessness.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Vallejo Medical Center has developed an implementation strategy (IS) for the priority needs it will address over the next three years 2026-2028, considering both Kaiser Permanente's and the community's assets and resources.

Kaiser Permanente Vallejo Medical Center Community Health has identified the strategic focus, strategies, and expected impact for each priority health need, described in the tables below. While we recognize that IS strategies can address multiple health needs, each strategy is associated with the needs where we expect to see the greatest impact. Included with each strategy are expected outcomes and examples of available Kaiser Permanente resources and planned collaborations.

1. Access to care

2. Income and employment

3. Housing

4. Mental and behavioral health

Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	• Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes	• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	• Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes	• Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	• Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes	• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by	• Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes	• Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state

enhancing coordination between community and health care.		public health departments, community organizations, schools and school districts, and other hospitals

Housing

Strategy	Expected outcomes	Available resources and planned collaboration
Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.	• Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes	• Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	• Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes	• Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	• Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes	• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics

Grow a culturally competent health care workforce in order to improve equitable access to health care services.	• Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes	• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	• Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes	• Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

b. Evaluation of the Community Benefit Plan's Effectiveness

Kaiser Permanente Vallejo Medical Center will monitor and evaluate the strategies listed above to assess progress and document the impact of those strategies on expected outcomes. Evaluation of the impact includes monitoring grantee progress (how many people were reached) and measuring short and intermediate term outcomes (e.g., what was the impact on the individuals served). Additionally, for each prioritized health need, the number of grants made, the number of dollars invested, and the number of community-based organizations supported are tracked.

In addition to the strategies developed as part of the CHNA and three-year IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We also conduct high-quality health research and disseminate findings intended to contribute to the literature by enhancing understanding of the impact of interventions designed to improve health outcomes.

4. Financial Summary

a. Explanation of Methodology Used to Determine Cost

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.

b. Kaiser Permanente Vallejo Medical Center Community Benefits Provided in 2025

This report outlines the hospital's net community benefit expenditures categorized into the following framework: medical care services, other services for vulnerable populations, other services for the broader community, and health research, education and training programs. Kaiser Permanente generates a range of nonquantifiable benefits, including community engagement through volunteerism, environmental stewardship, supplier diversity, and partnerships with community organizations, municipal leaders, and public health champions that address community needs.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	*Total*
Traditional Charity Care	$ 21,894,039		$ 21,894,039
Medi-Cal	$ 38,877,375		$ 38,877,375
Other Means-Tested Government (Indigent Care)	$ 0		$ 0
Sum Financial Assistance and Means-Tested Government Program	$ 60,771,414		$ 60,771,414
Other Benefits			
Community Health Improvement Services	$ 226,192	$ 0	$ 226,192
Community Benefit Operations	$ 0	$ 176,504	$ 176,504
Health Professions Education	$ 5,848,721	$ 1,462,180	$ 7,310,902
Subsidized Health Services	$ 0	$ 0	$ 0
Research	$ 809,529	$ 417,030	$ 1,226,559
Cash and in-kind Contributions for Community Benefits	$ 492,608	$ 28,655	$ 521,263
Other Community Benefits	$ 0	$ 29,200	$ 29,200

Total Other Benefits	$ 7,377,050	$ 2,113,569	$ 9,490,620
Community Benefits Spending			
Total Community Benefits*	$ 68,148,464	$ 2,113,569	$ 70,262,034
Medicare (non-IRS)	$ 83,501,007		$ **83,501,007**
Total Community Benefits with Medicare	$ **151,649,471**	$ 2,113,569	$ **153,763,040**

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

5. Certification Statement

Kaiser Permanente leadership reviewed and attested to the validity of the hospital Community Benefit Plan. The data and information reported is true, correct, and completed as required by Health and Safety Code sections 127340-127360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of the California Code of Regulations requiring all non-profit hospitals report on the community benefits they provide.

- Yvette Radford, Vice President, External & Community Affairs
- Mike Bowers, Senior Vice President, Operations Kaiser Foundation Health Plan/ Hospitals