



Kaiser Permanente Sacramento Medical Center

2025 Community Benefits Plan

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# 1. Introduction

## a. Kaiser Permanente's Mission Statement

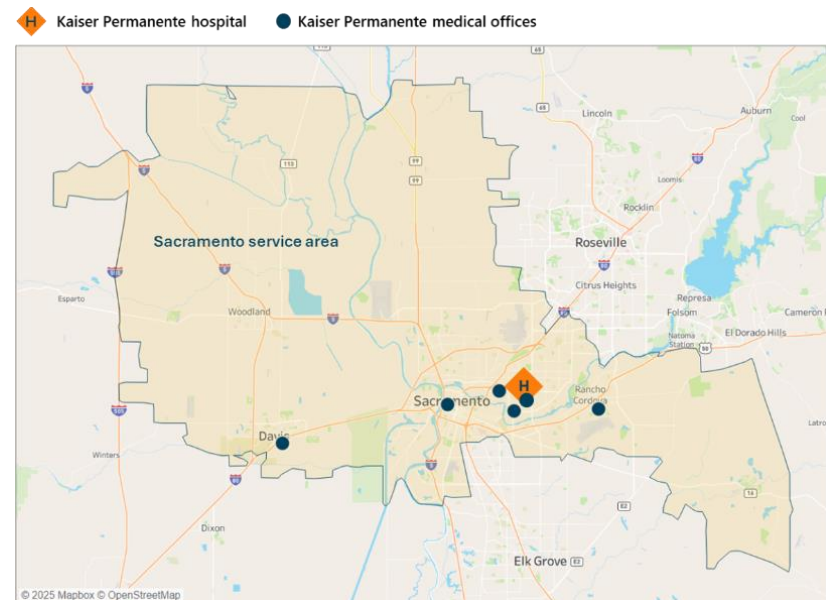
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Sacramento 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 Sacramento 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 Sacramento 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 \(https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a\\_StartHere\)](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente Sacramento Medical Center participates in a Sacramento CHNA collaboration.

Hospitals that collaborated on the CHNA: Dignity Health/CommonSpirit, Sutter Health, University of California – Davis Health, Kaiser Permanente South Sacramento Medical Center, Kaiser Permanente Roseville Medical Center

Other organizations that collaborated on the CHNA: Community Health Insights

*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 Sacramento Medical Center prioritized the following significant health needs, in priority order:

**1. 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. According to quantitative data, in the Sacramento service area, 18 percent spend more than 30 percent of their income on housing, compared to 17 percent nationally. An additional 20 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent nationwide. Additionally, there are disparities related to housing issues where vulnerable populations make up a much lower percentage of homeowners. Interviewed community leaders shared that many immigrant families earn wages that are too low to afford rent and have unstable job prospects that make property ownership unlikely, in addition to the COVID-19 pandemic exacerbating the rate of homelessness in the area. They also identified strategies to address housing needs such as coordination between business associations, local governments, housing authorities, managed care organizations, and continuum of care providers.

**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. 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 Sacramento service area, 14 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. Interviewed community leaders shared that the

lack of adequate translation and interpretation services continue to be an issue for residents whose primary language is not English. They also identified strategies to address access to care issues such as adapting services to be trauma-informed and culturally responsive.

**3. 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 Sacramento service area, the rates of suicide deaths are higher than the state average (12.5 compared to 10.5), and rates for deaths of despair are similarly performing worse than the state (38.7 compared to 34.3). Interviewed community leaders shared that the mental/behavioral health of adults and seniors has also been impacted by the pandemic, particularly for parents who balance jobs with their child's distance learning, frontline workers who risk their own safety and health, and seniors who are stressed and isolated from their loved ones. They also identified strategies to address mental and behavioral health needs such as developing career pathways for students to enter the mental health field and helping meet the increasing need, while also promoting an influx of practitioners who are a part of, and can relate to, communities most in need.

**4. 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 who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Sacramento service area, the median household income of \$68,808 leaves many unable to afford a home or pay medical bills. Interviewed community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and poor job prospects were further disadvantaged during the COVID-19 pandemic. They also identified strategies to address income and employment issues including better promotion and awareness of existing income supplement and food programs, since many sources of help are already available but underutilized.

#### **d. Health Needs Identified but Not Addressed**

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

Reasons Community Safety was not selected:

- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- Less ability to leverage community assets to address this need
- Aspects of this need will be addressed in strategies for other needs

Reasons Climate & Environment was 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

*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>).*

#### **e. Activities Taken to Address the Needs of the Community**

The following are the health needs Kaiser Permanente Sacramento 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.

<b>Housing</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Weave Inc.	Housing & Residential Services Program	Sacramento; South Sacramento	WEAVE provided domestic violence survivors and their children in Sacramento County with 24/7 confidential emergency shelter, transitional housing, and comprehensive wraparound services including case management, legal assistance, therapeutic counseling, financial literacy education and housing navigation.
Saint John's Program for Real Change	Providing Shelter while Meeting Mental and Behavioral Health Needs of Women and Children Experiencing Homelessness	Sacramento; South Sacramento	Saint John's Program for Real Change provided unhoused women and children in Sacramento with up to 12 months of secure housing, daily meals, childcare, substance use disorder treatment, mental and behavioral health services and psychosocial education.

<b>Access to Care</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Community HealthWorks	2026 Patient Navigation Program at South Sacramento Medical Center	South Sacramento	Community HealthWorks appointed one full-time Navigator to be embedded in the South Sacramento Emergency Department to serve Medi-Cal eligible non-KP members and provide services such as benefits enrollment, reestablishing medical homes, scheduling primary care appointments, provide education on urgent care resources and make community referrals for additional social non-medical needs.
<b>Medi-Cal</b> 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.

<b>Mental &amp; Behavioral Health</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Big Brothers Big Sisters of the Greater Sacramento Area, Inc.	Pathways to Potential – Behavioral Health Empowerment	Sacramento; South Sacramento	Big Brothers Big Sisters of the Greater Sacramento Area expanded mental health support within its mentorship model by hiring a Clinical Case Manager to deliver trauma-informed case management, crisis support and staff training.
Natomas Middle School	Behavior Health Support and Social Skills Coaching With Little Heroes	Sacramento	Natomas Unified School District reduced aggression and social conflict during unstructured school time at Heron School and Natomas Park Elementary by deploying lunchtime coaches who trained upper-grade students as Playground HEROES.
Sunburst Projects - Sacramento Office	Sunburst Project's HIV Mental Health Program	Sacramento; South Sacramento	Sunburst Projects provided individual, couples, and family therapy to people living with HIV in the greater Sacramento area.
Yolo Crisis Nursery Inc	Improving Mental Health Outcomes	Sacramento	Yolo Crisis Nursery delivered the Attachment and Biobehavioral Catch-Up program to at-risk

			families in Yolo County through ten weekly in-home sessions with trained Parent Coaches.
Sacramento Children's Home	SCH Crisis Nursery	Sacramento; South Sacramento	Sacramento Children's Home's Crisis Nursery provided free, confidential emergency childcare and overnight respite care 24 hours a day to families with children ages zero to five in crisis.

<b>Income &amp; Employment</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Community Service Education and Research (Fiscal Sponsor for Capitol Impact)	Sacramento Region Construction and Allied Health Workforce Development Partnership	Roseville; Sacramento; South Sacramento	Capitol Impact expanded construction and allied healthcare workforce pipelines in the greater Sacramento region through employer partnerships, apprenticeship innovation and industry-education collaborations.
Los Rios College Foundation	Promise to Career Nursing	Sacramento; South Sacramento	Los Rios Colleges Foundation removed the final financial barrier to nursing careers for low-income graduating students at American River and Sacramento City Colleges by providing finish-line scholarships covering state testing and licensing cost.
Sacramento LGBT Community Center	Investing in Health Career Pathways for the Sacramento Community	Sacramento; South Sacramento	Sacramento LGBT Community Center connected job seekers from vulnerable populations facing barriers to employment with healthcare career pathways through individualized career counseling, workforce development workshops and outreach materials.
Women's Empowerment	Connecting Unhoused Sacramento Women to Quality Career Pathways	Sacramento; South Sacramento	Women's Empowerment provided unhoused women in Sacramento with comprehensive employment readiness training, job placement support, housing assistance, and paid job training in fields including allied healthcare.
Alchemist Community Development Corp	Alchemist Kitchen food business incubator	Sacramento; South Sacramento	Alchemist CDC's Alchemist Kitchen program provided low-income and under-resourced food

			microenterprise training, one-on-one technical assistance, business coaching and affordable commercial kitchen access.
Roberts Family Development Center	RFDC's Healthcare Careers Exploration for Youth	Sacramento	Roberts Family Development Center introduced middle school students in Old North Sacramento and Del Paso Heights to healthcare career pathways through virtual reality exploration, guest speakers, field trips and college presentations.

### 3. 2026 Community Benefits Plan

#### a. 2026-2028 Implementation Strategies

Kaiser Permanente Sacramento 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 Sacramento 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. Mental and behavioral health
2. Access to care
3. Housing
4. Income and employment

## Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> <li>• Increase access to care and coverage</li> <li>• Increase utilization of clinical and social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: National organizations, community organizations, and safety net providers</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

## 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.	<ul style="list-style-type: none"> <li>• Increase access to care and coverage</li> <li>• Increase utilization of clinical and social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
Grow a diverse health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: National organizations, community organizations, and safety net providers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

## 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.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

### Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a diverse health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: National organizations, community organizations, and safety net providers</li> </ul>
Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions</li> <li>• Planned collaboration: Food banks and pantries, community organizations, and government agencies</li> </ul>

## **b. Evaluation of the Community Benefit Plan's Effectiveness**

Kaiser Permanente Sacramento 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 Sacramento 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.

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>Vulnerable Population</b>	<b>Broader Community</b>	<b>Total</b>
Traditional Charity Care	\$ 33,237,587		\$ 33,237,587
Medi-Cal	\$ 97,873,890		\$ 97,873,890
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	<b>\$ 131,111,477</b>		<b>\$ 131,111,477</b>
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 183,781	\$ 0	\$ 183,781
Community Benefit Operations	\$ 0	\$ 416,252	\$ 416,252
Health Professions Education	\$ 6,182,724	\$ 1,545,681	\$ 7,728,405
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 1,909,128	\$ 983,490	\$ 2,892,619
Cash and in-kind Contributions for Community Benefits	\$ 571,691	\$ 44,219	\$ 615,910
Other Community Benefits	0	\$ 68,863	\$ 68,863
<b>Total Other Benefits</b>	<b>\$ 8,847,324</b>	<b>\$ 3,058,506</b>	<b>\$ 11,905,830</b>

<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 139,958,801	\$ 3,058,506	\$ 143,017,306
Medicare (non-IRS)	\$ 135,270,408		<b>\$ 135,270,408</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 275,229,209</b>	<b>\$ 3,058,506</b>	<b>\$ 278,287,714</b>

\*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