



Kaiser Permanente Santa Clara Medical Center

2025 Community Benefits Plan

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# 1. Introduction

## a. Kaiser Permanente's Mission Statement

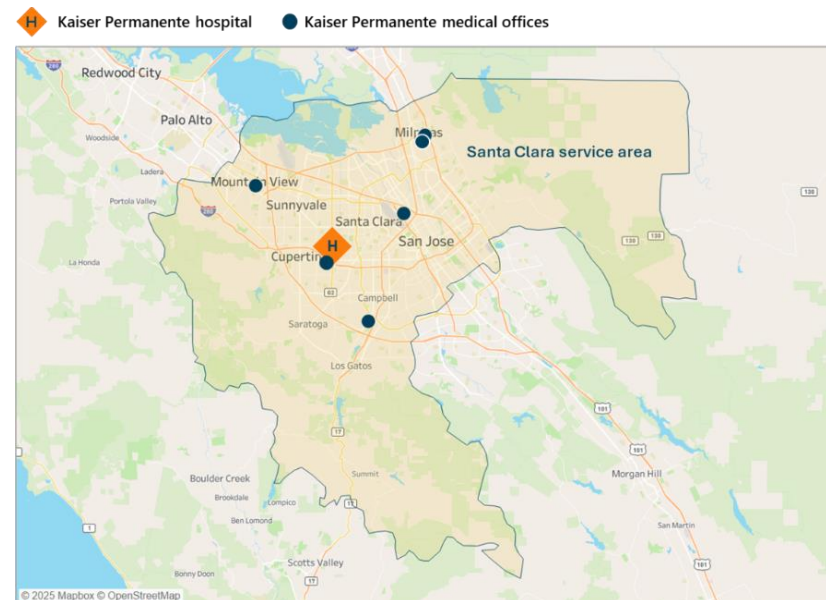
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Santa Clara 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 Santa Clara 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 Santa Clara 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 Santa Clara Medical Center participates in a Santa Clara County Community Benefit Hospital Coalition (CBHC) by exchanging select primary data collected during the CHNA process.

Hospitals that collaborated on the CHNA: El Camino Health, Lucile Packard Children's Hospital Stanford, Stanford Health Care, Sutter Health Mills-Peninsula Medical Center and Menlo Park Surgical Hospital, Sutter Health Palo Alto Medical Foundation, Kaiser Permanente San Jose Medical Center

Other organizations that collaborated on the CHNA: Actionable Insights, LLC

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

**1. Mental & behavioral health:** Despite having more mental health providers than the national per capita average, mental and behavioral health outcomes for residents of the Santa Clara service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for indicators of mental and behavioral health, including thoughts about committing suicide, are higher for Santa Clara County compared to the state. The need for mental health services for issues like depression and anxiety was heightened by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 exacerbated stressors across a wide array of social factors, like housing, jobs, and income, which has led to an increase in anxiety, depression, and indicators related to suicide. Informants identified vulnerable populations and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services.

**2. Access to care:** Despite having more insured residents, physicians, and dentists within the Santa Clara service area compared with Santa Clara County and the state, disparities in access to care persist. Neighborhoods in the eastern region of the Santa Clara service area and two central neighborhoods experience the highest rates of uninsurance compared with the Santa Clara service area overall. Medicaid/public insurance (i.e., Medi-Cal) enrollment for the Santa Clara service area is lower than average in areas with relatively high insurance coverage. Two areas with a relatively high proportion of vulnerable populations have both higher rates of

uninsurance and lower Medi-Cal enrollment rates, which may reflect the fear of accessing services that was cited by key informants. While the Santa Clara service area has a higher-than-average supply of physicians and dentists, many people feel that health care providers do not mirror the community culturally or linguistically. Key informants cited the high cost of insurance as a barrier to access, especially for those who do not qualify for Medi-Cal. Other barriers included inadequate coverage and people not knowing how to navigate the health system, including utilizing the coverage they have and knowing where to go for care. The switch to virtual visits during the COVID-19 pandemic allowed health systems to continue to provide care, but many patients faced challenges that included lack of access to a computer, internet, or a private space for a visit, as well as limited skills using digital platforms.

**3. Housing:** The lack of affordable housing is a critical issue for the Santa Clara service area, especially for renters. The service area has higher rates of overcrowded housing, higher rental costs, and a lower housing affordability index compared with the state. Key informants consistently expressed concern over the high cost of living and lack of affordable housing. They also shared concerns over the growing number of families living in overcrowded housing, couch surfing, or experiencing homelessness. In addition to the lack of affordable and adequate housing, there are not enough shelters available to meet this growing need. Despite the magnitude of the problem, many informants noted a lack of will and resources to implement the strategies that are necessary to fully address this issue.

**4. Healthy Eating Active Living opportunities:** Issues related to healthy eating and active living (HEAL), including access to transit, healthy food, and walkable neighborhoods, present major health barriers in the Santa Clara service area. The walkability index score for the Santa Clara service area was higher than the national average but lower than the state average. Walkability disproportionately impacts vulnerable populations, especially one neighborhood with higher percentage of diverse residents than the overall service area. Key informants cited widespread joblessness and economic instability as the underlying cause of the lack of HEAL opportunities. Informants reported that COVID-19 economic impacts shifted the community provider's focus from nutrition education to helping households meet their basic needs, such as food and housing. Additionally, funding shifted away from HEAL strategies to mitigate the immediate effects of COVID-19.

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

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

Reason Food Insecurity was not selected: Sufficient community resources exist 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 Santa Clara 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>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>
NAMI Santa Clara County	FaithNet	Santa Clara	NAMI Santa Clara County's FaithNet program educated faith leaders and their congregations across Santa Clara County about mental health resources and intergenerational trauma.
Healthier Kids Foundation	10 Steps to a Healthier You	Santa Clara	Healthier Kids Foundation promoted children's emotional well-being across Santa Clara County schools by conducting wellness checks

			and delivering health education on nutrition, physical activity and healthy lifestyle choices.
YMCA of Silicon Valley	Enhancing Mental Health and Well-Being by Building Caring and Safe Communities	San Jose; Santa Clara	YMCA Project Cornerstone strengthened youth mental health and well-being across Title 1 schools and underserved communities in Santa Clara County by delivering social-emotional learning programs, parent workshops and staff training.
Next Door Solutions to Domestic Violence	Advancing the Wellbeing Of Children, Youth, and Parents	Santa Clara	Next Door Solutions expanded trauma-informed services for domestic violence survivors and their children in Santa Clara County by providing family and individual therapy, Parenting Without Violence workshops, and creative healing arts programming through Kids Club.

<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>
Indian Health Center of Santa Clara Valley	Kaiser's Healthy Eating and Self-Monitoring Blood Pressure Program	San Jose; Santa Clara	Indian Health Center of Santa Clara Valley reduced health complications for American Indian and Alaska Native communities in Santa Clara County by distributing free monthly produce and expanding a blood pressure monitoring program, directly addressing the disproportionately high rates of diabetes, obesity, and hypertension affecting urban AI/AN populations.
Latinas Contra Cancer	Cancer Prevention and Early Detection in the Latino Community Program (CPED)	Santa Clara	Latinas Contra Cancer reduced cancer-related health disparities among vulnerable communities in Santa Clara County by providing culturally and linguistically responsive outreach, health education, cancer screenings and patient navigation services.

Pacific Hearing Connection	Hearing Healthcare for Lower Income Children and Adults	Santa Clara	Pacific Hearing Connection provided comprehensive hearing healthcare services to underserved and underinsured residents across Santa Clara and San Mateo counties.
Parents Helping Parents Inc	Increase participation in public benefit programs for underserved families raising children with disabilities.	San Jose; Santa Clara	Parents Helping Parents provided multilingual workshops and one-on-one support to underserved families raising children with disabilities in Santa Clara County.
Heart of the Valley, Services for Seniors, Inc.	Access to healthcare for seniors of West Santa Clara Valley	Santa Clara	Heart of the Valley Services for Seniors expanded volunteer-driven medical transportation, health navigation, and social engagement programs for seniors in West Santa Clara Valley.
On-Site Dental Care Foundation, Inc	Oral Health Access for All	Santa Clara	On-Site Dental Care Foundation delivered free, comprehensive oral health services and education to homeless individuals, vulnerable community members, and low-income families across Santa Clara 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.

<b>Housing</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Habitat for Humanity International, Inc.	Home Preservation serving populations vulnerable to displacement, homelessness, injury, and declining health	Santa Clara	Habitat for Humanity East Bay/Silicon Valley enabled low-income elderly residents, veterans, and people with disabilities in San Jose to safely age in place by providing critical home repairs and accessibility modifications that prevent injury, displacement, and health decline.
Rebuilding Together Silicon Valley	Safe & Healthy Housing	San Jose; Santa Clara	Rebuilding Together Silicon Valley improved health, safety, and independence for low-income homeowners across Santa Clara County by delivering critical home repairs, accessibility modifications, and energy efficiency upgrades that prevent falls, displacement, and preventable health crises for older adults, veterans, and people with disabilities.
HomeFirst Services of Santa Clara County	Homeless Services for Veterans	Santa Clara	HomeFirst provided homeless and at-risk Veterans and their families in Santa Clara County with trauma-informed shelter, case management, housing placement, benefits assistance and temporary financial support.
Community Services Agency of Mountain View and Los Altos	Emergency Rental Assistance Program	Santa Clara	Community Services Agency prevented homelessness for low-income individuals and families in Santa Clara County by providing emergency rental assistance through direct payments to landlords, reducing financial stress and preserving the physical and mental health of community members at imminent risk of losing their housing.
Cancer CAREpoint	Urgent Rent Assistance for Cancer Patients	San Jose; Santa Clara	Cancer CAREpoint provided one-time emergency rental assistance to low-income

			cancer patients in Santa Clara County facing eviction.
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<b>Healthy Eating Active Living</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Loaves & Fishes Family Kitchen	Meals on Wheels for Low-Income Seniors in Santa Clara County	San Jose; Santa Clara	Loaves and Fishes Family Kitchen's Meals on Wheels program delivered medically tailored, home-delivered meals and wellness checks to homebound, low-income seniors in Santa Clara County.
Jewish Family Services of Silicon Valley	Nourishing Hope through the Berkowitz Food Assistance Program	San Jose; Santa Clara	Jewish Family Services of Silicon Valley addressed food insecurity among Holocaust survivors, low-income older adults, refugees, and families in Santa Clara County by operating the region's only kosher and halal food pantry, delivering culturally appropriate meals to homebound clients, and connecting vulnerable populations to nutrition support during critical life transitions.
Hope's Corner, Inc.	Healthy Food for Hope	Santa Clara	Hope's Corner provided free, nutritious hot meals to unhoused, low-income, and vulnerable seniors, adults, and children in Mountain View and surrounding communities.
Sunnyvale Community Services	Healthy Food to Support Individuals Facing Food Insecurity Including Special Support for Homebound Persons	Santa Clara	Sunnyvale Community Services provided nutritious weekly grocery distributions and specialized homebound food deliveries to low-income families, seniors and disabled adults in Silicon Valley.
Second Harvest of Silicon Valley	Alleviate Hunger in Santa Clara County	San Jose; Santa Clara	Second Harvest of Silicon Valley distributed millions of pounds of free, nutritious food monthly to low-income children, families, and seniors across 26 school and community sites in Gilroy, Morgan Hill, San Jose and Sunnyvale.

### **3. 2026 Community Benefits Plan**

#### **a. 2026-2028 Implementation Strategies**

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

## Housing

Strategy	Expected outcomes	Available resources and planned collaboration
<p>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.</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>
<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>

## 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>

Grow a culturally competent 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>
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>

**Access to care**

<b>Strategy</b>	<b>Expected outcomes</b>	<b>Available resources and planned collaboration</b>
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> </ul>

		<ul style="list-style-type: none"> <li>Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
Grow a culturally competent 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>

### Income and employment

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> </ul>

		<ul style="list-style-type: none"> <li>Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
Grow a culturally competent 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>
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>

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

Kaiser Permanente Santa Clara 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 Santa Clara 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	\$ 37,866,304		\$ 37,866,304
Medi-Cal	\$ 30,130,980		\$ 30,130,980
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 67,997,284		\$ 67,997,284
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 197,918	\$ 0	\$ 197,918
Community Benefit Operations	\$ 0	\$ 485,830	\$ 485,830
Health Professions Education	\$ 13,976,763	\$ 3,494,191	\$ 17,470,954
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 2,228,242	\$ 1,147,882	\$ 3,376,124
Cash and in-kind Contributions for Community Benefits	\$ 451,885	\$ 32,362	\$ 484,247
Other Community Benefits	\$ 0	\$ 80,373	\$ 80,373

<b>Total Other Benefits</b>	\$ 16,854,808	\$ 5,240,638	\$ 22,095,446
<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 84,852,092	\$ 5,240,638	\$ 90,092,730
Medicare (non-IRS)	\$ 113,905,161		<b>\$ 113,905,161</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 198,757,253</b>	<b>\$ 5,240,638</b>	<b>\$ 203,997,891</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