



Kaiser Permanente South San Francisco Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

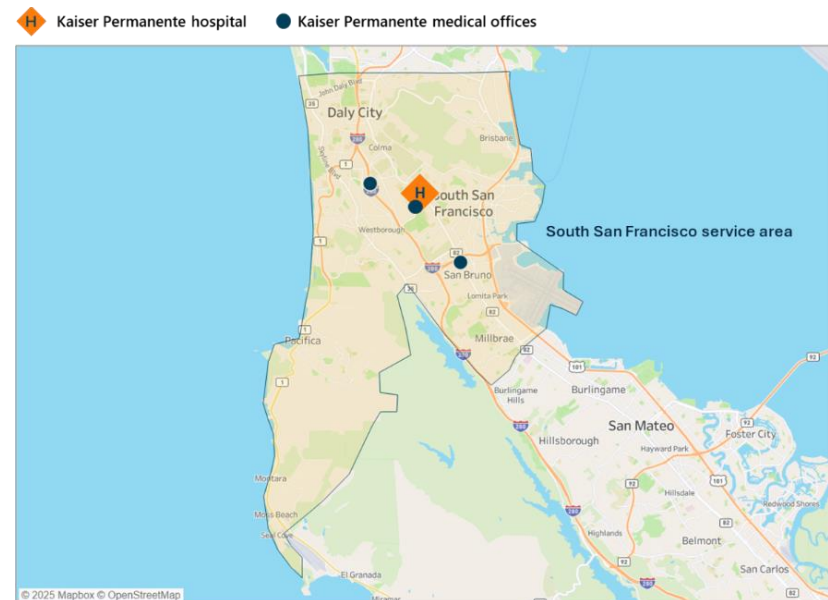
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 South San Francisco 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 South San Francisco 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 South San Francisco 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 South San Francisco Medical Center collaborates with other San Mateo County hospital systems and partners.

Hospitals that collaborated on the CHNA

Stanford Health Care, Lucile Packard Children's Hospital at Stanford, Sutter Health Mills-Peninsula Medical Center, El Camino Health, Kaiser Permanente Redwood City 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 South San Francisco Medical Center prioritized the following significant health needs, in priority order:

1. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. 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. The South San Francisco service area fares better than state and national averages with lower rates of deaths of despair and higher rates of mental health providers. However, interviewed community leaders highlighted the need for more culturally responsive services and providers who are culturally and linguistically representative of the communities they serve. Additionally, there are disparities related to mental and behavioral health such as a higher percentage of suicidal ideation among adults identifying as bisexual or homosexual in San Mateo County compared to heterosexual adults. Interviewed community leaders also shared that the isolation, trauma, and stress of the COVID-19 pandemic has notably exacerbated the mental health of youth, seniors, families with young children and undocumented families. They also identified strategies to address mental and behavioral health needs, such as better coordination between providers, partnering with schools to distribute mental health resources to families, and training and hiring mental health providers who are culturally and linguistically responsive to the local community.

2. 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 South San Francisco service area, access to jobs as rated through a “job proximity” score is lower than state and national averages, especially in Coastsides communities. Additionally, there are disparities related to income and employment especially among vulnerable populations. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to address income and employment needs such as workforce training, wraparound services, community partnerships and advocating for policies such as universal home visiting, universal childcare and a universal basic income.

3. 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 South San Francisco service area, access to care, further exacerbated by the COVID-19 pandemic, remains a complex need. Routine check-ups are lower in certain communities, such as Colma, San Bruno, Daly City and Brisbane, compared to San Mateo County as a whole. Additionally, there are disparities related to access to care such as life expectancy, reported usual source of care, and preventable hospitalizations disproportionately experienced among vulnerable populations. Interviewed community leaders shared that access to care and social determinants of health were inextricably linked, with groups such as migrant farm workers, older adults, and other diverse communities being particularly vulnerable. They also identified strategies to address access to care such as language concordant providers, coordinated care across health care silos, and wraparound services for community members.

d. Health Needs Identified but Not Addressed

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

Reason education was not selected:

- Community does not prioritize this need over other issues

- Aspects of this need will be addressed in strategies for other needs

Reason Housing was not selected:

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

Reason Structural Inequities was not selected:

- 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) (<http://www.kp.org/chna>).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente South San Francisco 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.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Boys & Girls Clubs of North San Mateo County	Great Futures Start Here -- Nourishing the Whole Child	Redwood City; South San Francisco	Boys and Girls Clubs of North San Mateo County strengthened the social-emotional well-being of underserved students ages 4 to 17 by integrating trauma-informed practices, the Planning for the Next Normal Playbook, and RISE tools into its SMART Moves program across clubhouses and school campuses.
Young Men's Christian Association of San Francisco	YMCA Community Resource Center – Behavioral Health Access	South San Francisco	YMCA Community Resource Center provided outreach, basic needs assistance, behavioral health screenings, service linkages, and referrals to underserved and uninsured individuals in South San Francisco, San Bruno, and Brisbane.
Edgewood Center for Children	ProjectHEAL: Improving Mental Health for San Mateo Kinship Families	South San Francisco	Edgewood's Kinship Program expanded access to mental health services for trauma-exposed children and youth living with kinship caregivers in San Mateo County by providing individual therapy, psychoeducation workshops and wellness events.
Daly City Peninsula Partnership Collaborative	It Takes a Village - Mental Health	South San Francisco	Daly City Partnership expanded access to free, bilingual, trauma-informed mental health services for low-income and linguistically diverse families in Daly City and northern San Mateo County by hiring a bilingual AMFT to deliver individual and family therapy, parent support groups, and sensory and emotional regulation workshops.
StarVista	Cultivating Safe Spaces and Creating Inclusivity Throughout San Mateo County	Redwood City; South San Francisco	StarVista's San Mateo County Pride Center reduced mental health disparities and social isolation among community members by delivering SOGIE educational trainings to schools and service providers and hosting

			monthly peer support groups that created safe, affirming spaces for connection and healing.
StarVista	Transforming Trauma into Resilience: Creating Opportunities for Childcare Providers and Families with Children to Thrive	Redwood City; South San Francisco	StarVista's Early Childhood Services program delivered bilingual, trauma-informed mental health consultation, parent education workshops, and ACEs-focused training to childcare providers and families with children ages 0 to 5 in San Mateo County.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Samaritan House	Transforming Care through Safe Harbor	South San Francisco	Samaritan House's Safe Harbor Shelter provided adults experiencing homelessness in San Mateo County with emergency housing, nutritious meals, individualized housing plans, case management, and a comprehensive continuum of supportive services including medical care, behavioral health, employment assistance and legal aid.
Caminar	Jobs Plus	South San Francisco	Caminar's Jobs Plus program provided pathway to meaningful, competitive employment for harder-to-place adults and young adults with mental health conditions, offering professional job training, coaching and workforce development.
City of South San Francisco	South San Francisco Congregate Nutrition Program 2025-2026	South San Francisco	City of South San Francisco's Congregate Nutrition Program provided free nutritious meals twice weekly to older adults ages 60 and older at the Roberta Cerri Teglia Center.
Pacifica Resource Center	Housing Stability Support	South San Francisco	Pacifica Resource Center provided housing-focused case management, emergency financial assistance, and wraparound support services to families and individuals in Pacifica.

Upward Scholars	Moving 250 adult immigrants up the economic ladder	Redwood City; South San Francisco	Upward Scholars advanced the economic security and well-being of adult immigrants and their families in San Mateo County by providing targeted financial support, academic tutoring, career development and holistic wraparound services.
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Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
North East Medical Services	NEMS Eastmoor Clinic Behavioral Health Expansion Project	South San Francisco	North East Medical Services expanded access to culturally and linguistically appropriate mental health care for limited English proficient residents of San Mateo County by hiring a Mandarin-speaking General Psychiatrist at its Eastmoor Clinic.
Volunteers in Medicine San Francisco AKA	Clinic by the Bay Where Compassion Meets Care: Expanding Comprehensive Care for the Medically Underserved	South San Francisco	Clinic by the Bay expanded wraparound healthcare services for uninsured, low-income adults in San Francisco and San Mateo counties by integrating behavioral health screenings and counseling into primary care appointments.
Villages of San Mateo County	Healthy Aging at Home: Enhancing Senior Wellbeing Through Community Connections and Support	Redwood City; South San Francisco	Villages of San Mateo County enabled over 400 seniors across 14 cities to age safely and independently by reducing social isolation through community events, volunteer-driven transportation, home safety modifications, friendly visits and education on navigating health and care transitions.
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.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente South San Francisco 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 South San Francisco 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. 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"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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
<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"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • 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
<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"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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

Access to care

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"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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
<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"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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
<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"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • 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
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"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions • Planned collaboration: Food banks and pantries, community organizations, and government agencies
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"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • 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 South San Francisco 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 South San Francisco 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	\$ 14,534,341		\$ 14,534,341
Medi-Cal	\$ 10,259,407		\$ 10,259,407
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 24,793,749		\$ 24,793,749
Other Benefits			
Community Health Improvement Services	\$ 240,329	\$ 0	\$ 240,329
Community Benefit Operations	\$ 0	\$ 152,068	\$ 152,068
Health Professions Education	\$ 598,416	\$ 149,604	\$ 748,020
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 697,454	\$ 359,295	\$ 1,056,749
Cash and in-kind Contributions for Community Benefits	\$ 305,439	\$ 31,255	\$ 336,694
Other Community Benefits	\$ 0	\$ 25,157	\$ 25,157

Total Other Benefits	\$ 1,841,638	\$ 717,379	\$ 2,559,017
Community Benefits Spending			
Total Community Benefits*	\$ 26,635,387	\$ 717,379	\$ 27,352,766
Medicare (non-IRS)	\$ 54,552,591		\$ 54,552,591
Total Community Benefits with Medicare	\$ 81,187,978	\$ 717,379	\$ 81,905,357

*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