



Kaiser Permanente Oakland Medical Center

Kaiser Permanente Richmond Medical Center

2025 Community Benefits Plan

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## Table of Contents

1. Introduction .....	3
a. Kaiser Permanente’s Mission Statement .....	3
b. Definition of the Community .....	3
2. Community Health Needs Assessment (CHNA).....	4
a. Approach to CHNA .....	4
b. Community Engagement in Development of the Plan .....	4
c. List of Prioritized Needs .....	6
d. Health Needs Identified but Not Addressed .....	8
e. Activities Taken to Address the Needs of the Community .....	9
3. 2026 Community Benefits Plan .....	14
a. 2026-2028 Implementation Strategies .....	14
b. Evaluation of the Community Benefit Plan’s Effectiveness .....	23
4. Financial Summary .....	24
a. Explanation of Methodology Used to Determine Cost .....	24
b. Community Benefits Provided in 2025.....	24
5. Certification Statement .....	26

# 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.

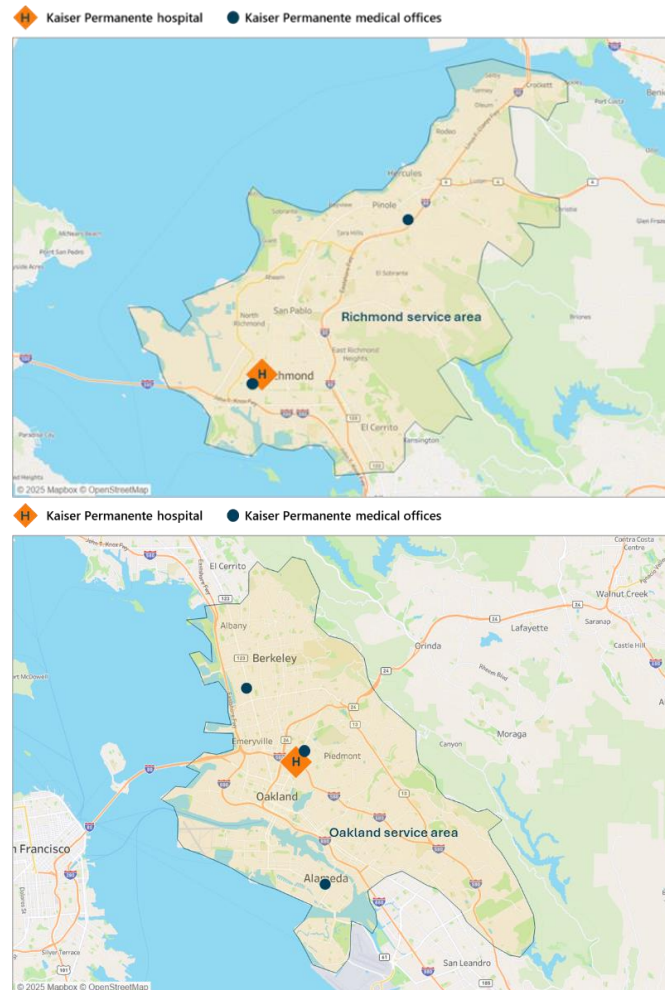
Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve nearly 12.6 million members in 8 states and the District of Columbia.

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 Oakland and Richmond hospital service

areas include 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 Oakland and Richmond Medical Centers conduct 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 Oakland and Richmond Medical Centers 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 Oakland Medical Center participates in an Alameda County CHNA collaboration.

Hospitals that collaborated on the CHNA

John Muir Health, Sutter Alta Bates Summit Medical Center, University of California — San Francisco Benioff Children's Hospital, Kaiser Permanente Walnut Creek Medical Center, Kaiser Permanente San Leandro Medical Center, Kaiser Permanente Fremont Medical Center

Other organizations that collaborated on the CHNA

Public health agencies: Alameda County Public Health; Other organizations: Actionable Insights, LLC

Kaiser Permanente Richmond Medical Center also participates in a Contra Costa County CHNA collaboration.

Hospitals that collaborated on the CHNA

John Muir Health, University of California — San Francisco Benioff Children's Hospital, Kaiser Permanente Walnut Creek Medical Center, Kaiser Permanente Antioch Medical Center

Other organizations that collaborated on the CHNA

Public health agencies: Contra Costa Health; Other organizations: 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 Oakland and Richmond Medical Centers prioritized the following significant health needs, in priority order:

#### **Kaiser Permanente Oakland Medical Center**

**1. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Despite record high rates of insured populations for the state of California at the end of 2021, many residents still lack adequate access to care. Within Alameda County, which contains the Oakland service area, rates of physicians and dentists are higher than state and national rates. Despite higher unemployment rates and greater income inequality compared with the state, Medi-Cal participation rates are lower in the Oakland service area compared to the nation and the state, and diverse communities have higher rates of uninsured populations, including uninsured children, worse outcomes for COVID-19 including higher rates death and lower vaccination rates, as well as higher rates of infant mortality, a key measure to maternal care. Key informants reported barriers to accessing care such as transportation, the cost of insurance and health care.

**2. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Residents of the Oakland service area experience higher unemployment rates and greater levels of income inequality compared with the state. Oakland service area youth experience higher rates of being neither in school nor working compared with the state, and some neighborhoods suffer alarmingly high rates of poverty. Disproportionality is found among youth not in school and not working, with higher prevalence in ZIP codes that tend to have higher vulnerable populations. In 2020, unemployment impacted ZIP codes with higher vulnerable populations compared with the Oakland service area in general.

**3. Housing:** Having a safe place to call home is essential for the health of individuals and families. Soaring housing costs across the Bay Area push affordable housing out of reach for many, including those in the Oakland service area. Residents in the Oakland service area experience high housing burden, measured as a household that spends more than 50 percent of their income on housing, and high rates of overcrowded housing compared to California. Overcrowded households are households where the number of people outnumber the number of rooms. Neighborhoods of West Oakland, Chinatown and Downtown, San Antonio, Fruitvale, and East Oakland, along with Central, Downtown, and South Berkeley, tend to experience higher rates of severe housing

burden than other regions of the Oakland service area. Key informants noted the growing number of homeless encampments, especially in the city of Oakland and vulnerable populations and older adults face discrimination when they try to rent an apartment, and those identified in more than one of these groups have the hardest time.

**4. 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. One reason for concern is higher suicide rates in the Oakland service area than in Alameda County. Further evidence indicates that vulnerable populations in the Oakland service area experience a rate of deaths of despair — those due to suicide, drug overdose, and alcoholism — five times higher than the service area in general. Another reason for concern is that Alameda County seventh graders report being bullied at school more often than CA state seventh graders. Key informants reported that residents are traumatized due to over policing, hate crimes, fear of being deported, and intergenerational trauma. Informants cited evidence that COVID-19 exacerbated the mental and behavioral health needs in the Oakland service area, highlighting how youth and older adults experienced isolation because of the shelter-in-place orders.

### **Kaiser Permanente Richmond Medical Center**

**1. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The Richmond service area has lower rates of health insurance enrollment for adults and children compared to California and higher rates of infant mortality and preterm birth compared to Contra Costa County, highlighting the need for increased access to care. Vulnerable populations have the highest rates of both low birth weight and preterm birth compared to all other ethnic groups in the Richmond service area. Despite having fewer COVID-19 cases than the Richmond service area, vulnerable populations experienced a COVID-19 death rate higher than the service area as a whole. Key informants highlighted the need for additional urgent and emergency care in the Richmond service area since Doctors Medical Center closed in San Pablo in 2015. They noted other barriers to accessing care such as the high cost of insurance and medical care, and providers not mirroring the community linguistically, racially, or ethnically, and not showing cultural humility.

**2. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. The availability of jobs within the Richmond service area is limited, meaning many residents must travel to access employment, which can result in worse health outcomes such as obesity and stress-related disorders. While poverty rates are slightly lower than the rates for both California and the nation, the median income for Richmond service area residents is also lower, suggesting lower economic mobility. Job proximity defined as the availability of jobs in the region

is worse than the state average. ZIP codes with relatively high vulnerable populations tend to have lower median incomes, in contrast to neighboring ZIP codes with lower vulnerable populations. Key informants explained how the historically marginalized communities are the same communities hit hardest by job loss due to the COVID-19 pandemic, are frontline workers more likely to be exposed to COVID-19 and are paid lower wages.

**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. The rate of mental health providers for Contra Costa County, which includes the Richmond service area, is slightly lower than the state, highlighting how access to mental health services for Richmond service area residents is limited. And while some of the most severe measures of mental health such as suicide rates are lower than for the state as a whole, notable disparities across mental and behavioral health outcomes are present. Between 2016 and 2020, Richmond had the highest rates of deaths of despair including opioid overdose white and Black residents. These rates are higher than both the Richmond service area overall and the Contra Costa County rate for opioid overdose death. Key informants noted the trauma in the community (particularly due to over-policing and domestic violence), daily stress, and increased isolation, especially for youth and seniors due to COVID-19 pandemic shelter-in-place orders.

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

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

##### **Kaiser Permanente Oakland Medical Center**

Reasons Community Safety was not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected
- Aspects of this need will be addressed in strategies for other needs

##### **Kaiser Permanente Richmond Medical Center**

Reasons Community safety was not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected
- Aspects of this need will be addressed in strategies for other needs

Reasons Housing was not selected:

- This need is incorporated into other needs selected

*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 Oakland and Richmond Medical Centers 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>Access to Care</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
RotaCare Bay Area	Supporting Underserved Communities Through Health and Social Services at the RotaCare West Contra Costa Free Clinic	Oakland_Richmond	As the only free medical clinic in West Contra Costa County, RotaCare West Contra Costa provided uninsured and low-income individuals in Richmond, San Pablo, and surrounding communities with free primary care, urgent care, women's health services, lab work, diagnostic imaging, and pharmaceuticals, while also addressing patients' social needs and connecting them to essential resources, serving as a critical safety net for those with the greatest healthcare needs and the least access to care.
LifeLong Medical Care	LifeLong Medical Care – Know Your Rights for Access to Care	Oakland_Richmond	LifeLong Medical Care empowered low-income residents of West Contra Costa County to access and maintain health coverage through community outreach, on-site enrollment assistance and Know Your Rights education.
West Contra Costa Public Education Fund	Peres Elementary Dental Clinic	Oakland_Richmond	West Contra Costa Public Education's Peres Elementary Dental Clinic delivered free, comprehensive dental services and oral health education directly on school grounds to underserved K-8 students in Richmond.
East Bay Asian Youth Center	SHOP 55 Wellness Center	Oakland_Richmond	EBAYC's SHOP 55 Wellness Center delivered comprehensive wraparound services to Oakland High School students by providing on-site medical and dental care, individual therapy, case management, group support, peer mentoring and crisis counseling.
<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>Income &amp; Employment</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Food Bank of Contra Costa and Solano	Equitable Access to Healthy Food Distribution in Contra Costa and Solano, Diablo - Grants splits with East Bay	Oakland_Richmond	The Food Bank of Contra Costa and Solano distributed fresh produce, proteins, dairy, and shelf-stable food at no cost to food insecure individuals across Contra Costa and Solano Counties, expanded into the underserved community of Pacheco with a new produce distribution site, and connected families to CalFresh benefits.
Rising Sun Energy Center	Opportunity Build: Quality Union Construction Careers for Health and Wealth	Oakland_Richmond	Rising Sun's Opportunity Build program provided low-income jobseekers in Oakland and surrounding communities with a pre-apprenticeship training program in the union construction trades, combining hands-on technical instruction, financial literacy, wraparound case management, and a full year of post-graduation placement support.
Public Health Institute	FACES for the Future Alameda	Oakland_Richmond	Public Health Institute's FACES for the Future Alameda program prepared public high school

			students for healthcare careers through hospital internships, work-based learning, health career exploration, and life-saving certifications, building a more diverse and culturally competent healthcare pipeline by ensuring that students from all backgrounds have access to the workforce education and mentoring needed to pursue careers in health.
J-Sei, Inc.	Increased Access to Care Through Senior Meals and Groceries	Oakland_Richmond	Show more1:21 PMJ-Sei provided isolated, at-risk older adults in the East Bay with free culturally familiar Japanese meals through home delivery and congregate dining, supplemental groceries, and home visit assessments.
18 Reasons	Nourishing Community Health: Food Security and Job Skills Training	Oakland_Richmond	18 Reasons increased food security and healthy eating habits among low-income and marginalized families in Richmond and San Pablo by delivering evidence-based cooking classes, distributing free healthy groceries, offering culturally responsive nutrition programming for pregnant people, and training and employing community members as paid peer health educators.
Richmond Promise	Advancing Career Access and Success for Richmond Promise Scholars Year 2	Oakland_Richmond	Richmond Promise equipped West Contra Costa County high school graduates with the mentorship, career coaching, professional development workshops, internship access, and alumni networking needed to translate their postsecondary education into meaningful careers.

<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>
Destiny Arts Center	CARE: Destiny Arts Center's Wraparound Mental and Behavioral Health Support Program	Oakland_Richmond	Destiny Arts Center integrated mental health services, case management, and trauma-informed wraparound support into its movement arts programs for Oakland youth and families, providing young people from low-income communities with healing-centered spaces, mental health screenings, crisis intervention, and connections to essential resources that address the compounding effects of violence, toxic stress, and racial and economic inequities on their well-being.
Safe Passages	Safe Passages Family Resource Centers - Mental Health Supports Project	Oakland_Richmond	Safe Passages delivered trauma-informed, culturally tailored mental and behavioral health outreach to low-income students of color in high-need Oakland school districts, deploying trained AmeriCorps members as community-based mentors to provide social-emotional support, resource navigation, and mental health access for youth and families.
Partnerships for Trauma Recovery	Partnerships for Trauma Recovery - Trauma-Informed Mental Health and Psychosocial Support Project-East Bay	Oakland_Richmond	Partnerships for Trauma Recovery expanded access to culturally responsive, trauma-informed mental health services for refugees, asylum seekers, and survivors of human rights abuses in the East Bay by providing multilingual individual therapy, support groups, case management, and economic empowerment programs.
The Latina Center	Tiempo de Renacer/Time for Renewal	Oakland_Richmond	The Latina Center provided trauma-informed Restorative Circles of Support, community workshops, and wellness programming to Spanish-speaking Latina women in Richmond and San Pablo.

Pacific Center for Human Growth	Mental Health Services for the Community	Oakland_Richmond	Pacific Center for Human Growth expanded access to culturally responsive, low-cost mental health services for vulnerable community members in Alameda County by providing stipends and training to counseling interns and equipping staff and clinical trainees with the skills needed to address the disproportionate rates of anxiety, depression, and substance abuse affecting communities facing the ongoing impacts of homophobia, misogyny, and racism.
Richmond Police Activities League	Changing Habits, Attitude, and Mind Program	Oakland_Richmond	The Richmond Police Activities League <i>Changing Habits, Attitude, and Mind Program</i> delivered trauma-informed mental health services, wellness workshops, mentorship, academic support, job preparedness training, and life skills development to at-risk young men in Richmond.

### 3. 2026 Community Benefits Plan

#### a. 2026-2028 Implementation Strategies

Kaiser Permanente Oakland and Richmond Medical Centers have 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 Oakland and Richmond Medical Centers Community Health have 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.

<b>Kaiser Permanente Oakland Medical Center</b>	<b>Kaiser Permanente Richmond Medical Center</b>
<ol style="list-style-type: none"><li>1. Mental and behavioral health</li><li>2. Income and employment</li><li>3. Community Safety</li><li>4. Housing</li><li>5. Access to care</li></ol>	<ol style="list-style-type: none"><li>1. Community Safety</li><li>2. Housing</li><li>3. Access to care</li><li>4. Mental and behavioral health</li><li>5. Income and employment</li></ol>

**Kaiser Permanente Oakland Medical Center**

**Mental and behavioral health**

Strategy	Expected outcomes	Available resources and planned collaboration
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 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>
Increase access to and quality of resources that improve social and environmental factors by investing in	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, and technical assistance</li> </ul>

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 health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>
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### Community Safety

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

enhancing coordination between community and health care.		organizations, schools and school districts, and other hospitals
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**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 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>

**Kaiser Permanente Richmond Medical Center**

**Community Safety**

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

**Housing**

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

## 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"> <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>

### Mental and behavioral health

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

coordination between community and health care.		organizations, schools and school districts, and other hospitals
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## **b. Evaluation of the Community Benefit Plan's Effectiveness**

Kaiser Permanente Oakland and Richmond Medical Centers 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 Oakland and Richmond Medical Centers 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	\$ 43,470,995		\$ 43,470,995
Medi-Cal	\$ 86,621,838		\$ 86,621,838
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 130,092,834		\$ 130,092,834
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 947,181	\$ 0	\$ 947,181
Community Benefit Operations	\$ 0	\$ 444,803	\$ 444,803
Health Professions Education	\$ 24,106,543	\$ 6,026,636	\$ 30,133,179
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 2,040,074	\$ 1,050,947	\$ 3,091,021
Cash and in-kind Contributions for Community Benefits	\$ 3,888,721	\$ 276,711	\$ 4,165,432
Other Community Benefits	\$ 0	\$ 73,586	\$ 73,586
<b>Total Other Benefits</b>	\$ 30,982,519	\$ 7,872,683	\$ 38,855,202

<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 161,075,352	\$ 7,872,683	\$ 168,948,036
Medicare (non-IRS)	\$ 200,191,575		<b>\$ 200,191,575</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 361,266,928</b>	<b>\$ 7,872,683</b>	<b>\$ 369,139,611</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