



Kaiser Permanente San Jose Medical Center

2025 Community Benefits Plan

HCAI License Number: 106431506

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2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente San Jose 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 San Jose 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 San Jose Medical Center participates in the 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 Santa Clara 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 San Jose Medical Center prioritized the following significant health needs, in priority order:

1. Mental & behavioral health: More mental health providers are available in San Jose and Santa Cruz than the national per capita average. However, mental and behavioral health outcomes for residents of the San Jose–Santa Cruz 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, were higher for Santa Clara County and Santa Cruz County compared to the state. The need for mental health services for issues like depression and anxiety were exacerbated by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 has 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 children, women, LGBTQ youth and transgender people, immigrants, and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services. In the San Jose–Santa Cruz service area, data showed that substance use as it relates to mental and behavioral health, is of particular concern. Substance use is of greatest concern in the Santa Cruz area.

2. Access to care: A higher percentage of residents are insured and there is greater physician availability within the San Jose–Santa Cruz service area compared with Santa Clara and Santa Cruz counties and the state of California. However, access to care is a persistent health need in this service area as shown in indicators such as insurance not being accepted by general doctors and delayed medical care. Medicaid and public insurance enrollment for the San Jose area and Santa Cruz areas were below the state average. Neighborhoods in the northeastern region of the San Jose–Santa Cruz service area have the lowest Medicaid/public insurance enrollment and are majority non-White. Key informants shared that a barrier to care is physically accessing appointments because of a lack of knowledge about where to go for care or how to navigate the healthcare system. The switch to virtual visits during the COVID-19 pandemic provided a big opportunity for continuing to provide care, but some barriers included lack of access to a computer, internet, or a private space for a visit, or digital literacy skills to utilize this avenue of care. Informants also cited the cost of insurance (especially for those who do not qualify for Medi-Cal), not knowing how to utilize the coverage they have, and inadequate coverage.

3. Housing: The lack of affordable housing is a critical issue for the San Jose–Santa Cruz 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, especially for vulnerable populations. Key informants consistently expressed concern over the high cost of living and lack of affordable housing in the San Jose–Santa Cruz service area. 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 Active Living (HEAL), including access to transit, healthy food and walkable neighborhoods, present major health barriers in the San Jose–Santa Cruz service area. Eight ZIP codes in the San Jose–Santa Cruz service area with higher vulnerable populations had lower walkability index ratings compared to the national or state benchmarks. According to key informants, related to HEAL opportunities is the lack of access to food in general due to widespread joblessness and economic instability. Informants report that because of the COVID-19 pandemic, the community provider's focus shifted from nutrition education to helping households meet their basic needs such as food and housing. Additionally, funding shifted away from HEAL strategies in order to mitigate the immediate effects of the pandemic. The unfolding public health crisis put choosing healthy food out of reach for many and forced households to choose between basic essentials (i.e., paying rent or putting food on the table).

d. Health Needs Identified but Not Addressed

The significant health need identified in the 2022 CHNA that Kaiser Permanente San Jose 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 San Jose Medical Center were addressing 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
NAMI Santa Cruz County	Santa Cruz County: Mental Health Services for Youth and Caregivers	San Jose	NAMI Santa Cruz County provided free bilingual mental health education, support groups, caregiver classes, HelpLine navigation, and mobile outreach to youth and caregivers across Santa Cruz County.
United Way of Santa Cruz County	Santa Cruz County: Jovenes Sanos - Healthy Youth Watsonville, CA	San Jose	United Way of Santa Cruz County's Jóvenes Sanos program empowered youth in Watsonville, particularly those from farmworker families, to lead mental health advocacy through peer education, social media campaigns, wellness workshops and an annual Cultivating HOPE Summit.
Santa Cruz County Office of Education	Santa Cruz County: Strengthening School Mental Health Infrastructure	San Jose	Santa Cruz County Office of Education built sustainable school-based mental health infrastructure across Santa Cruz County districts and charter schools by implementing the Interconnected Systems Framework through staff training, consultant support, leadership team development and intern stipends.
Jacobs Heart Children's Cancer Support	Santa Cruz County: Behavioral health support for families of children with cancer	San Jose	Jacob's Heart provided free, bilingual, culturally responsive mental and behavioral health services to families of children with cancer in Santa Cruz County.
Court Appointed Special Advocates	Santa Cruz County: Advocacy and Mentorship of Children and Youth in the Foster Care and Juvenile Probation Systems	San Jose	CASA of Santa Cruz County recruited and supervised trained volunteer advocates who provided mentorship, court advocacy, resource navigation and individualized support.
Santa Cruz City Schools	Santa Cruz County: Increased Behavioral Health Supports at	San Jose	Santa Cruz City Schools established and expanded on-campus Wellness Centers at its high school sites by providing bilingual social

	Santa Cruz City Schools Wellness Centers		work intern stipends and equipping dedicated behavioral health spaces with adaptive and sensory supplies.
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Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Salud Para La Gente	Santa Cruz County: Safety Net Health Care Core Operations in the Pájaro Valley	San Jose	Salud Para La Gente delivered comprehensive, culturally and linguistically responsive primary care, specialty services, behavioral health, dental, and social driver screening to low-income farmworker families and uninsured residents of the Pajaro Valley.
Santa Cruz Community Health Centers	Access to Health Care in Santa Cruz County	San Jose	Santa Cruz Community Health expanded access to high-quality, whole-person care for low-income residents of Santa Cruz County by increasing patient portal enrollment, strengthening shared leadership through a diverse Patient Advisory Council.
Health Projects Center	Santa Cruz: Support for Del Mar Caregiver Resource Center's Family Caregivers	San Jose	Health Projects Center's Del Mar Caregiver Resource Center supported informal family caregivers of loved ones with cognitive disorders across Santa Cruz and Monterey Counties by providing counseling, respite grants, caregiving supplies and education.
Santa Cruz Health Information Organization	Santa Cruz County: Community Closed Loop Referral System Synchronization	San Jose	SCHIO strengthened Santa Cruz County's healthcare ecosystem by building a coordinated, community-wide closed loop referral system that ensures compliance with state guidance.
Community Bridges	Santa Cruz County: Expanding Elderday Outreach - Increasing Access to Essential	San Jose	Community Bridges expanded Elderday's adult day health care services to low-income, non-English speaking older adults in Santa Cruz County by enhancing outreach, providing door-

	Health Services for Low-Income Seniors		to-door transportation, and delivering bilingual care coordination.
Pajaro Valley Healthcare District Project	Santa Cruz County: Watsonville Community Hospital's Operating Room Upgrades	San Jose	Watsonville Community Hospital Foundation upgraded its Operating Department with a state-of-the-art surgical imaging system, improving surgical safety, efficiency, and quality outcomes for the underserved residents of the Pajaro Valley Healthcare District.

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.

Housing

Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Housing Matters	Santa Cruz County: Strengthening the Medical Respite Ecosystem in Northern California	Housing	Housing Matters provided medical respite care at Santa Cruz County's only recuperative care center for unhoused individuals discharged from hospitals, offering temporary shelter, meals, medication management, case management and wraparound services.

Pajaro Valley Shelter Services	Santa Cruz County: Three Pillars of Self-Sufficiency for Housing Stability	Housing	Pajaro Valley Shelter Services supported unhoused families in the Pajaro Valley through its Three Pillars of Self-Sufficiency framework, providing trauma-informed counseling, financial literacy and savings coaching, job and career development and tenant education.
Encompass Community Services	Santa Cruz County: Health and Housing Rental Assistance	Housing	Encompass Community Services provided rental assistance and ongoing case management to individuals with co-occurring mental health and substance use disorders in Santa Cruz County who were at risk of housing loss.
Community Action Board of Santa Cruz	Santa Cruz County: South County Family Health	Housing	Community Action Board of Santa Cruz County's South County Family Health initiative provided culturally appropriate case management, housing stability support, rental assistance, legal consultations, and financial literacy services to low-income families in the Pajaro Valley.
St. Joseph's Family Center	Gilroy Unhoused Safe Parking	Housing	South County Community Services' Gilroy Safe Parking program provided unhoused individuals and families in South Santa Clara County with a safe place to sleep and weekly case management support.
Rebuilding Together Silicon Valley	Safe & Healthy Housing	Housing	Rebuilding Together Silicon Valley enabled low-income homeowners, older adults, veterans, and people with disabilities across Santa Clara County to safely age in place by providing critical home repairs, accessibility modifications, health and safety assessments and energy efficiency improvements.

Healthy Eating Active Living			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Second Harvest Food Bank Santa Cruz	Santa Cruz County: Increasing Access to Healthy Food	San Jose	Second Harvest Food Bank Santa Cruz County delivered healthy, culturally relevant food directly to school sites serving unhoused and transportation-limited students and families.
Teen Kitchen Project	Santa Cruz County: Medically Tailored Meal Delivery Program	San Jose	Teen Kitchen Project prepared and delivered medically tailored meals to low-income individuals facing life-threatening illness in Santa Cruz County while simultaneously training Teen Chefs in healthy cooking skills.
Pajaro Valley Unified School District	Santa Cruz County: Increasing Access to Nourishment for Students and Families	San Jose	Pajaro Valley Unified School District expanded its partnership with Second Harvest Food Bank to broaden school-based food pantry services and nutrition education for students and families across the Pajaro Valley.
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.
Rahima International Foundation	Healthy and Nutritious Eating	San Jose	Rahima International Foundation provided low-income families in Santa Clara County with culturally appropriate, nutritious food including lentils, chickpeas and halal proteins.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

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

1. Access to care
2. Housing
3. Mental and behavioral health
4. Income and employment

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>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

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"> • 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

Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<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

		<ul style="list-style-type: none"> 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>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"> 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
<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>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>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.</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 • Planned collaboration: Food banks and pantries, community organizations, and government agencies
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance

strengthening the availability and coordination of community and health care resources.	<ul style="list-style-type: none"> • Improve health outcomes 	<ul style="list-style-type: none"> • 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 San Jose 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 San Jose 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	\$ 25,283,295		\$ 25,283,295
Medi-Cal	\$ 16,572,747		\$ 16,572,747
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 41,856,042		\$ 41,856,042
Other Benefits			
Community Health Improvement Services	\$ 141,370	\$ 0	\$ 141,370
Community Benefit Operations	\$ 0	\$ 323,976	\$ 323,976
Health Professions Education	\$ 5,630,283	\$ 1,407,571	\$ 7,037,854
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 1,485,905	\$ 765,466	\$ 2,251,371
Cash and in-kind Contributions for Community Benefits	\$ 3,111,087	\$ 32,362	\$ 3,143,449
Other Community Benefits	\$ 0	\$ 53,597	\$ 53,597
Total Other Benefits	\$ 10,368,645	\$ 2,582,972	\$ 12,951,617

Community Benefits Spending			
Total Community Benefits*	\$ 52,224,687	\$ 2,582,972	\$ 54,807,659
Medicare (non-IRS)	\$ 78,186,067		\$ 78,186,067
Total Community Benefits with Medicare	\$ 130,410,754	\$ 2,582,972	\$ 132,993,727

*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