



Kaiser Permanente Fresno Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

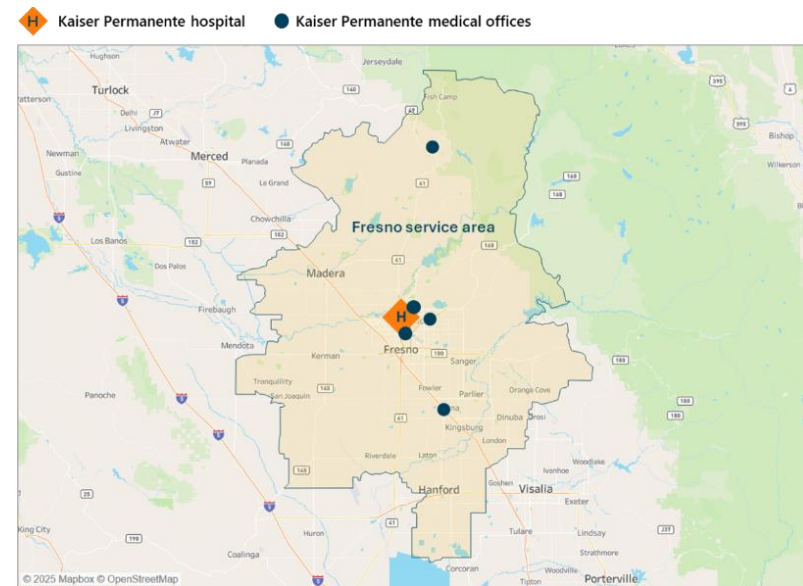
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Fresno 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 Fresno 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 Fresno 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).

Hospitals that collaborated on the CHNA: Community Health System – Community Regional Medical Center, Clovis Community Medical Center, Saint Agnes Healthcare, and Valley Children’s Hospital.

Other organizations that collaborated on the CHNA: Public Health Agency: Fresno County Department of Public Health.

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

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care such as a primary health care provider — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and vulnerable populations are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Fresno service area is strained, lacking easily accessible, affordable health care providers who represent the communities they serve. This provider shortage exacerbates existing inequities experienced by disadvantaged and underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area facilitating access to care for low-income service area residents, however communities with large vulnerable populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers. The pandemic negatively impacted Fresno service area residents’ ability and desire to access health care and the switch to telehealth proved difficult for seniors and those with unreliable internet access.

2. Healthy Eating Active Living opportunities: The physical environment of a community affects residents’ ability to exercise, eat a healthy diet, and maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Parts of the Fresno service area lack access to healthy food (due to financial and geographic barriers). While SNAP enrollment in the service area is more than double the state average, the number of

convenience stores is also significantly higher, indicating service area residents' need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. Key informants described food bank services as in high demand and needing more culturally appropriate offerings. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases. The built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Fresno service area has less infrastructure to support physical activity, including: less tree canopy cover, a lower walkability index, and a smaller percentage of workers commuting by public transit, walking, or biking than the state average. Additionally, ZIP codes with larger vulnerable populations than the service area average saw lower walkability indexes. Key informants stated that residents in lower-income communities simply do not have a built environment and community infrastructure to support a healthy lifestyle.

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. Mental and behavioral health is a critical and urgent health need in the Fresno service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations, where the need has been amplified by the pandemic. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language/culture, and social stigma. Key informants in the Fresno service area identified substance use as a top need, stressing the inextricable tie to mental and behavioral health and noting that there was a substantial rise in substance use during the pandemic. Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Key informants listed children, adolescents, the elderly, unhoused, low-income residents, immigrants, LGBTQ+ residents, and vulnerable populations as having high need for accessible mental health services.

4. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. While employment rates in the Fresno service area are higher than the California average, income is lower, and poverty is higher. As a result, food insecurity is a concern for many residents. Affordable, easily accessible healthy foods are a key element of the social determinants of health, and the WIC program and the Fresno County Health Improvement Partnership are working to ensure sustainable access to healthy foods for children. However, key informants expressed concern that these organizations are limited in what they can accomplish and asserted that more resources are needed. Areas with larger vulnerable populations than the service area average perform better than the state average on employment indicators (unemployment rate and the jobs proximity index), while simultaneously performing worse on all income and poverty indicators,

pointing to disparities in quality jobs. Key informants felt that inequities in economic security were made more apparent during the pandemic and that vulnerable populations were disproportionately affected.

d. Health Needs Identified but Not Addressed

The significant health needs identified in the 2022 CHNA that Kaiser Permanente Fresno Medical Center does not plan to address are chronic disease & disability, community safety, and housing for the following reasons:

- Community does not prioritize this need over other issues
- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- 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 Fresno 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.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Buddhist Tzu Chi Medical Foundation	Smile4U	Fresno	Buddhist Tzu Chi Medical Foundation's Smile4U program brought free mobile dental services directly to underrepresented and vulnerable communities across Fresno County, alleviating tooth pain, preventing serious complications from untreated dental conditions, and closing a critical gap in oral health care for residents who lack dental insurance and access to affordable treatment.
United Way Fresno and Madera Counties	Advancing Health Care Access and Basic Need Support Through Navigation	Fresno	United Way Fresno and Madera Counties improved access to care by advancing health equity and addressing social needs through community-based programs and health navigators who connected individuals to health care and essential services.
Central Valley Worker Center	Community Health and Resource Fairs and flu vaccination clinics	Fresno	The Central Valley Worker Center hosted two annual community health and resource fairs in Fresno and Selma, featuring flu vaccination clinics and connections to federal, state, and local services. The events also offered outreach and workshops for older adults (60+) on topics such as fraud prevention, health care options, elder abuse prevention, health screenings, and senior living.
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.

Healthy Eating Active Living Opportunities			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Fresno Metro Ministry	Food to Share: Enhancing Food Security and Nutrition in the Community	Fresno	Fresno Metro Ministry combined food recovery, nutrition education, and hands-on cooking instruction into a unified community health strategy. Through its Food to Share Network and health Kids Solutions programs, it addressed persistent food insecurity across Fresno County.
Tulare County Office of Education	Nutritional Education and Obesity Prevention (NEOP) Program	Fresno	Tulare County Office of Education delivered hands-on nutrition education across elementary schools through classroom lessons, food tastings, school gardens, and community events that empower students to make healthier food choices and build lifelong wellness habits.
The Salvation Army	Healthy Eating Food Box Program	Fresno	The Salvation Army distributed nutritious food boxes to low-income families in Fresno, where more than 136,000 residents lack reliable access to healthy food and diet-related health

			conditions like obesity and diabetes remain persistently high.
City of Selma	Senior Nutrition Program	Fresno	City of Selma's Senior Nutrition Program served senior citizens on fixed incomes five days a week at the Nick Medina Senior Center, addressing food insecurity and fostering community connection among one of the community's most vulnerable populations.
Madera Community College	Improving Nutrition Security at Madera Community College	Fresno	Madera Community College's nutrition security initiative distributed fresh produce, nutrient-dense foods, and shelf-stable groceries to students and their families through weekly farmers markets, an on-campus food pantry, and grab-and-go snack stations, while connecting eligible students to CalFresh benefits to support their academic success and overall well-being.
Catholic Charities of the Diocese of Fresno	Catholic Charities Meal and Nutrition Distribution to Local Charter Schools	Fresno	Filling the critical nutrition gap that emerges when school meal programs go offline during extended breaks, Catholic Charities of the Diocese of Fresno distributed healthy, culturally relevant meal boxes to economically disadvantaged students and their families at Learn4Life Charter Schools in the Fresno Metropolitan area.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Foundation for Central Schools	Thriving Minds, Healthy Bodies: Wellness and Nutrition for Central Schools	Fresno	Foundation for Central Schools delivered a trauma-sensitive health and wellness program across Central Unified School District that provided health education, dietary-specific foods, hygiene and clothing supplies, on-site vaccination clinics, and district-wide trauma-

			informed training, creating a more supportive and inclusive learning environment for a student population where more than 81% are affected by socioeconomic disparities.
The Foundation FCOE Inc.	Wellness Outreach	Fresno	Foundation at FCOE's All4Youth program delivered essential services and basic needs resources to children, youth, and families in Fresno County ages zero to twenty-two, connecting them to food, clothing, housing assistance, and behavioral health support through a partnership between the Fresno County Department of Behavioral Health and the Fresno County Superintendent of Schools.
California State University Fresno, Foundation	Increasing and Enhancing Trauma-Informed MFTs in California's Central Valley through Student Recruitment, Training, & Mentorship	Fresno	Fresno Family Counseling Center strengthened the pipeline of trauma-informed Marriage and Family Therapists through a comprehensive program encompassing student recruitment, training, mentorship, clinical supervision, job placement, and licensure preparation, expanding access to quality counseling services for Central Valley patients who have experienced significant trauma and face limited access to culturally responsive, well-trained mental health providers.
Fresno Center for New Americans	Fresno Center's Mental Health Workforce Development (FCMHD) Project	Fresno	The Fresno Center trained and developed a more diverse pipeline of licensed mental health professionals through in-house and virtual supervision, mentorship, cultural competency and trauma-informed care training, stipends, and professional development support, directly addressing the language and cultural barriers that prevent Fresno's most underserved residents from accessing the mental health care they need.
The Foundation for Fresno Unified Students	Expanding Mental Health Access for	Fresno	Foundation for Fresno Unified Students engaged youth leaders, developed telehealth

	Fresno Students Through Telehealth and Mobile Care		and mobile care models, and built the infrastructure for a student-designed mental health access program across Fresno Unified School District, directly responding to deep disparities in low-income students and laying the groundwork for a more consistent, inclusive, and equitable system of care.
Valley Teen Ranch	Equine Psychotherapy Program	Fresno	Valley Teen Ranch launched an equine psychotherapy program at its Madera and Fresno County campuses to deliver trauma-informed, somatic-based therapeutic services to youth ages 13 to 24 who have experienced foster care, juvenile justice involvement, and housing instability, offering a meaningful alternative to traditional talk therapy that builds self-regulation, attachment, and coping skills.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Action Partnership of Madera County	Housing for Health III	Fresno	Responding to Madera County's growing homelessness crisis, Community Action Partnership of Madera County's HELP Center connected unhoused individuals and families to transportation, emergency housing, rental assistance, and health assessments, creating pathways to stability and long-term housing solutions for the county's most vulnerable residents.
Poverello House	Healthy Futures for Unhoused Women Seeking Stabilization Services	Fresno	Committed to breaking the cycle of homelessness for women in Fresno, Poverello House's Naomi's House delivered a comprehensive suite of stabilization services including housing navigation, employment readiness, document recovery, and mental

			health and legal referrals, equipping unhoused women with the tailored tools and community connections needed to transition into stable, independent living.
Fresno Rescue Mission	Family Center and Community Care Program Support	Fresno	The Fresno Mission supported the Family Center/Community Care program by providing individuals with tools to achieve long-term stability. The project benefited vulnerable populations by offering safe shelter, essential resources, and support for families experiencing homelessness.
Valley Regional Occupational Program (Valley ROP)	Middle to High School Simulation and Certifications	Fresno	Valley ROP engaged 400 middle school students from six rural Fresno County schools in CPR and First Aid training, while introducing them to health careers through virtual reality emergency department simulations.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Fresno 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 Fresno 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. Food and nutrition
3. Income and employment
4. Mental and behavioral health

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, educational partners, 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

Food and nutrition security

Strategy	Expected outcomes	Available resources and planned collaboration
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
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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<ul style="list-style-type: none"> • 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
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<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

		<ul style="list-style-type: none"> Planned collaboration: National organizations, community organizations, educational partners, and safety net providers
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 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, educational partners, 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

b. Evaluation of the Community Benefit Plan’s Effectiveness

Kaiser Permanente Fresno 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 Fresno 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	\$ 22,450,028		\$ 22,450,028
Medi-Cal	\$ 14,082,440		\$ 14,082,440
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 36,532,468		\$ 36,532,468
Other Benefits			
Community Health Improvement Services	\$ 98,959	\$ 0	\$ 98,959
Community Benefit Operations	\$	\$ 193,657	\$ 193,657
Health Professions Education	\$ 1,053,535	\$ 263,384	\$ 1,316,918
Subsidized Health Services	\$0	\$0	\$0
Research	\$ 888,203	\$ 457,559	\$ 1,345,763

Cash and in-kind Contributions for Community Benefits	\$ 933,423	\$ 13,954	\$ 947,377
Other Community Benefits	\$ 0	\$ 32,038	\$ 32,038
Total Other Benefits	\$ 2,974,120	\$ 960,592	\$ 3,934,713

Community Benefits Spending			
Total Community Benefits*	\$ 39,506,588	\$ 960,592	\$ 40,467,181
Medicare (non-IRS)	\$ 92,781,652		\$ 92,781,652
Total Community Benefits with Medicare	\$ 132,288,240	\$ 960,592	\$ 133,248,833

*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