



Kaiser Permanente Riverside Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

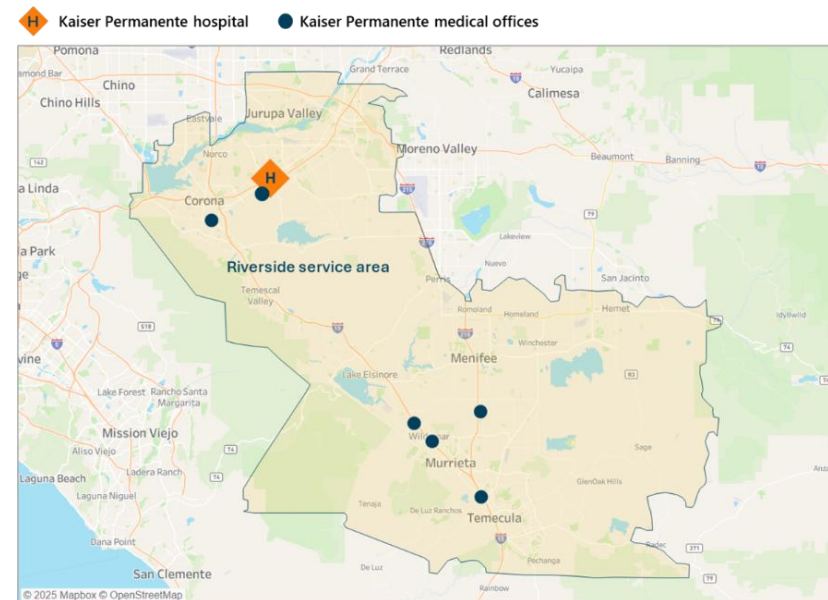
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Riverside 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 Riverside 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 Riverside 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) (<https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a> StartHere).

Kaiser Permanente Riverside Medical Center collaborates with other local partners.
Hospitals that collaborated on the CHNA: Kaiser Permanente Moreno Valley Medical Center

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

1. Housing: Housing is a major challenge for the service area. For well over a decade, there has been a chronic shortage of housing (especially affordable housing). This results in high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 38 percent higher than the national average, and more than 17 percent of people experience a severe housing burden. On average, households in the service area spend more than 20 percent of their income on their mortgage, which is higher than the national average. There is a growing proportion of the population that is experiencing homelessness. Key informants noted that this was exacerbated by the pandemic.

2. Income & employment: The Riverside service area is reliant on the service, logistics, and tourism industries, which mainly have low-paying jobs and are vulnerable to economic downturns. Many ZIP codes that have a higher proportion of vulnerable populations also have median household incomes worse than the national average. In addition, the cost of living for the service area, compared to the nation, is high, resulting in economic hardship for many individuals and families. As a result, there are many adults and children (14 percent) living in poverty.

3. Access to care: The service area has high rates of both adult and child uninsured (8 percent of adults and 4 percent of children) resulting in diseases going undiagnosed or untreated. Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient's care. The service area also has long struggled to recruit and retain enough health care providers, making it more difficult to find a physician even when health insurance is available.

4. Mental & behavioral health: The service area has both a high need for mental health care and a low capacity to meet this need. The rates of deaths of despair (deaths by suicide, drug overdose, and unhealthy alcohol use), for example, are high. Community leaders acknowledged an increase in the prevalence of substance abuse, suggesting the pandemic has only worsened this area of concern. There is a shortage of providers and resources available for those who need help. Fewer providers available to meet demand creates an access issue for those struggling with mental health. That said, mental health care is only available to those community members who have access, time, and awareness of resources and who are receptive to receiving care.

5. Structural inequities: Socio-economic mobility for residents from some racial and ethnic groups remains a challenge, as some historically underrepresented communities (largely corresponding to both racialized and economically exploited populations) have fewer opportunities and poorer infrastructure. In the Riverside service area, many health needs measures are worse in primarily vulnerable populations. For example, the pattern of disproportionate health needs is found in many measures, such as housing and income and employment.

d. Health Needs Identified but Not Addressed

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

Kaiser Permanente Riverside Medical Center addressed all of the significant needs identified in the 2022 CHNA.

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 Riverside 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 SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF managed funds are not included in the financial totals for 2025.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
National Health Care for the Homeless Council	Strengthening Recuperative Care services in Southern CA through knowledge sharing, policy changes, and care transitions	All Licensed Hospitals	National Institute for Medical Respite Care strengthened the recuperative care system across Southern California by expanding the L.A. Recuperative Care Learning Network to four surrounding counties, developing standardized protocols for integrating ADL assistance into recuperative care programs, advocating for state policy alignment, and building referral networks with skilled nursing facilities and short-term post-hospitalization housing, creating a more cohesive and

			equitable continuum of care for unhoused patients transitioning out of hospitals.
Illumination Health Home	Illumination NIMRC Certification for Strengthening Medical Respite Care	Anaheim_Irvine; Riverside	Illumination Health and Home strengthened the quality and standards of its recuperative care and medical respite services for people experiencing homelessness in Southern California by pursuing NIMRC certification, ensuring its programs aligned with nationally recognized best practices and improved outcomes for individuals who lack safe, supportive environments to recover following hospitalization or illness.
Inland SoCal Housing Collective	Advancing Access through Policy, Partnerships & Innovation	Fontana_Ontario; Moreno Valley; Riverside	Inland SoCal Housing Collective advanced affordable housing solutions for low to moderate income communities across San Bernardino and Riverside Counties by developing a Regional Housing Needs Roadmap, facilitating cross-sector stakeholder convenings, hosting educational series on innovative housing models, and advocating for pro-housing policies, addressing a housing affordability gap of over 100,000 units and the growing homelessness crisis in a region.
Inland Counties Legal Services	Improving Community Health Through Increased Legal Aid Access and Medical Provider Collaboration	Fontana_Ontario; Moreno Valley; Riverside	Inland Counties Legal Services expanded its housing medical legal partnership across the Inland Empire by funding a full-time attorney to provide direct legal representation, tenant advocacy, and Know Your Rights education to low-income community members facing eviction and unsafe living conditions, while training medical provider staff to screen for legal needs and connect patients to housing legal resources.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
California WIC Association	Improving Access: Streamlining Referrals and WIC Enrollment	All Licensed Hospitals	California WIC Association expanded access to the WIC program for eligible but unenrolled families across California by streamlining electronic referral systems, supporting Memoranda of Understanding between WIC local agencies and Medi-Cal managed care plans, and advancing policy and systems improvements that reduce enrollment barriers for pregnant individuals and young children, addressing a coverage gap of hundreds of thousands of eligible Californians who are missing out on a program proven to improve birth outcomes and reduce healthcare costs.
Communities Lifting Communities	Impact Purchasing in Health Care Initiative	Anaheim_Irvine; Baldwin Park; Downey; Fontana_Ontario; Los Angeles; Moreno Valley; Panorama City; Riverside; South Bay; West Los Angeles; Woodland Hills	Communities Lifting Communities advanced health equity and economic resilience across Southern California by building hospital capacity for inclusive procurement, expanding regional data collection on supplier diversity, and strengthening cross-sector collaboration through the Regional Impact Purchasing Collaborative, creating pathways for local and diverse-owned businesses to access hospital supply chains and driving economic investment in vulnerable populations.
Olive Crest	Transitional Housing - Preparing Foster Youth for Career Readiness through Counseling and Life Skills Coaching	Moreno Valley; Riverside	Olive Crest Inland and Desert Communities supported foster youth in building resilience and employment readiness by providing counseling, mental health services, education, and life skills coaching, addressing the disproportionate rates

			of trauma, abuse, and mental health challenges facing youth in the foster care system and helping them develop the foundation needed for long-term stability and self-sufficiency.
GRID Alternatives Inland Empire	2025-26 Workforce Development for Sustainable Clean Energy Careers	Riverside	GRID Alternatives Inland Empire expanded workforce development training for sustainable clean energy careers in the Inland Empire by providing hands-on solar installation training and connecting low-income community members to high-wage, family-sustaining career pathways in the growing renewable energy sector, addressing local income and employment disparities while ensuring that underserved residents lead and benefit from the clean energy transition.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Health Initiative of Orange County	Southern California Community Health Outreach	Anaheim_Irvine; Fontana_Ontario; Kern; Moreno Valley; Riverside; San Diego; San Marcos	Community Health Initiative of Orange County expanded health coverage access for low-income residents across Southern California by providing direct enrollment assistance, care coordination, retention support, and community outreach through its proven OERU model, helping vulnerable individuals navigate the fragmented healthcare system, maintain Medi-Cal coverage amid significant policy changes, and connect to wraparound social services through a network of subcontractors serving Orange, San Diego, Kern, San Bernardino, and Riverside counties.
Community Health Association Inland Southern Region	Safety Net Organizational Capacity Building	Fontana_Ontario; Moreno Valley; Riverside	Community Health Association Inland Southern Region strengthened the capacity of its 25 member safety net organizations across San

			Bernardino and Riverside Counties by providing operational support, workforce development, policy and advocacy assistance, and Medi-Cal navigation training, addressing the critical healthcare workforce shortage and improving access to care and coverage for underserved communities in the region.
The California Health Care Safety-Net Institute	Safety Net Organizational Capacity Building	All Licensed Hospitals	The California Health Care Safety Net Institute supported efforts to strengthen public health care systems by providing peer learning, technical assistance, expert access, and collaboration with the Department of Health Care Services, while also building its internal capacity to collect and analyze system data <u>through the development of a data warehouse.</u>
California School-Based Health Alliance	Expanding Capacity of School-Based Health & Wellness Centers Through California, NCAL - Grants splits with SCAL	All Licensed Hospitals	California School-Based Health Alliance strengthened the capacity of Local Education Agencies and community-based health organizations to deliver health and mental health services in California schools by providing training, technical assistance, and regional coalition support, expanding school-based health and wellness centers in areas of greatest need while centering youth voice through peer-led health convenings.
Public Health Institute	Strengthening the Capacity of California Birth Equity Organizations, PO - Grants splits with	Fontana_Ontario; Kern; Moreno Valley; Riverside; South Bay; West Los Angeles	Cypress Resilience Project strengthened the organizational capacity and staff well-being of Kaiser's California Youth Mental Health Initiative grantees by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management coaching to leaders navigating vicarious trauma and burnout, ensuring that frontline organizations serving young people had the

			resilience, skills, and peer support needed to sustain and deepen their impact.
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Playworks Education Energized	Play to Thrive: Deepening School Connection in Southern California	Downey; Los Angeles; Moreno Valley; Panorama City; Riverside	Playworks Southern California improved school connectedness and student well-being across Watts and greater Southern California by delivering play-based direct services, professional development workshops, and consultative support to schools and youth-serving partners, ensuring that students in under-resourced communities continued to experience structured, safe play that builds belonging, social skills, and resilience as a protective factor against anxiety, depression, and chronic absenteeism.
Divine Truth Unity Fellowship Church	The Pride Youth Mental Health Through Mentoring Capacity Initiative	Fontana_Ontario; Moreno Valley; Riverside	Rainbow Pride Youth Alliance expanded trauma-informed, culturally responsive one-on-one mentoring services for vulnerable youth across Riverside and San Bernardino Counties by implementing strategic planning, staff training, youth and family engagement, technology infrastructure, and a pilot mentoring program, addressing the compounding barriers of poverty, pandemic isolation, rural access limitations, and political polarization.
Public Health Institute	Cypress Resilience Project: Learning Community and Support for CA Youth Mental Health Initiative Grantees	All Licensed Hospitals	Cypress Resilience Project strengthened organizational capacity and staff well-being by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management coaching to leaders navigating vicarious trauma and burnout, ensuring that frontline organizations serving young people had the resilience, skills, and peer support needed to sustain and deepen their impact.

Operation Safe House Inc	Operation SafeHouse Emergency Shelter for Runaway, Homeless, and At-Risk Youth Ages 11-17	Riverside	Operation Safe House provided vital counseling services, clinical supervision of interns, and aftercare support for at-risk youth ages 11 to 17 experiencing homelessness in Riverside County, addressing the mental health needs of a population where millions of young people are displaced annually and where trauma, abuse, and neglect are primary drivers of youth housing instability.
Walden Environment	Healthy Minds, Healthy: Modes of Mental Healthcare of Foster Children and Youth	Riverside	Walden Family Services strengthened mental health support for foster children and youth by expanding group therapy, Family Centered Therapy for foster families, and music therapy for youth with developmental disabilities, addressing the disproportionately high rates of emotional and mental health challenges among foster youth where up to 80% experience significant emotional difficulties rooted in early trauma and instability.

Structural Inequities			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Regional Access Project Foundation	Strengthening Community Networks Capacity Building Initiative	Moreno Valley; Riverside	RAP Foundation strengthened the capacity of community organizations in Riverside County addressing health disparities, racial trauma, and income inequality through a comprehensive capacity-building approach, supporting nonprofits in moving beyond crisis intervention toward meaningful, sustained community change that addresses generational poverty, creating barriers to health equity.

Food Insecurity			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Feeding America	Healthy Food, Healthy Futures: Increasing Access to Fresh Produce, Protein, and Dairy, PO - Grants splits with	Anaheim_Irvine; Baldwin Park; Downey; Kern; Los Angeles; Moreno Valley; Panorama City; Riverside; San Diego; San Marcos; South Bay; West Los Angeles; Woodland Hills	Feeding America expanded equitable access to nutrient-rich foods for families facing hunger across its national network of partner food banks by deepening agricultural partnerships, strengthening sustainable fresh food procurement models, maximizing federal program coordination, and leveraging 11 regional cooperatives to ensure that fresh produce, dairy, and protein reach the communities with the greatest nutrition gaps and health disparities at a time when food insecurity has reached its highest level in nearly a decade.
Food Forward	Increasing Access to Healthy Food in Southern California	All Licensed Hospitals	Food Forward expanded community access to fresh fruits and vegetables across Southern California by investing in optimized workflows and transportation capacity to recover and distribute larger volumes of produce, implementing partner feedback systems to improve distribution quality, and strengthening food rescue infrastructure that redirects nutritious food from going to waste to families and communities experiencing food insecurity.
Community Action Partnership of San Bernardino County	Senior Choice: Enhancing Services	All Licensed Hospitals	Community Action Partnership of San Bernardino County enhanced services by launching three new Senior Choice distribution sites in underserved areas of the Valley Region. This effort supports senior households experiencing food insecurity by expanding access to food assistance and providing education on preparing healthy meals.

Catholic Charities San Bernardino & Riverside Counties	Strengthening Families Through Nutrition Security	Fontana_Ontario; Moreno Valley; Riverside	Catholic Charities San Bernardino & Riverside Counties supported staff at regional centers to expand access to nutrition programs by providing application assistance, enrollment support, and community outreach for CalFresh (SNAP) and WIC. The project benefited underserved communities and low- to moderate-income families.
Community Settlement Association of Riverside	Food is Medicine: Healthy Groceries for Chronic Disease Prevention in Riverside County	Riverside	Community Settlement Association launched the “Food is Medicine: Healthy Groceries for Chronic Disease Prevention in Riverside County” project, providing medically tailored groceries, nutrition assessments, and counseling led by a registered dietitian with support from community health workers. The program addressed chronic disease and food insecurity by offering culturally appropriate nutrition support through its community-based care model.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

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

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

Housing

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.</p>	<ul style="list-style-type: none"> • 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>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
<p>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 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and

	<ul style="list-style-type: none"> • Improve health outcomes 	<p>training programs, and health care career exposure programs</p> <ul style="list-style-type: none"> • Planned collaboration: National organizations, community organizations, and safety net providers
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
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 • Planned collaboration: National organizations, community

		organizations, and safety net providers
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 Riverside 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 Riverside 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	\$ 17,596,460		\$ 17,596,460
Medi-Cal	\$ 47,902,638		\$ 47,902,638
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 65,499,098		\$ 65,499,098
Other Benefits			
Community Health Improvement Services	\$ 29,375	\$ 120,999	\$ 150,374
Community Benefit Operations	\$ 0	\$ 504,226	\$ 504,226
Health Professions Education	\$ 2,276,086	\$ 569,022	\$ 2,845,108
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 438,183	\$ 225,730	\$ 663,913
Cash and in-kind Contributions for Community Benefits	\$ 1,336,686	\$ 31,190	\$ 1,367,876
Other Community Benefits	\$ 0	\$ 25,631	\$ 25,631

Total Other Benefits	\$ 4,080,330	\$ 1,476,798	\$ 5,557,128
Community Benefits Spending			
Total Community Benefits*	\$ 69,579,428	\$ 1,476,798	\$ 71,056,226
Medicare (non-IRS)	\$ 103,995,791		\$ 103,995,791
Total Community Benefits with Medicare	\$ 173,575,219	\$ 1,476,798	\$ 175,052,017

*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.

- John Yamamoto, VP, Community Health & Benefit, Government Relations, & Community Engagement
- Michelle Gaskill-Hames, Regional President