



Kaiser Permanente Roseville Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

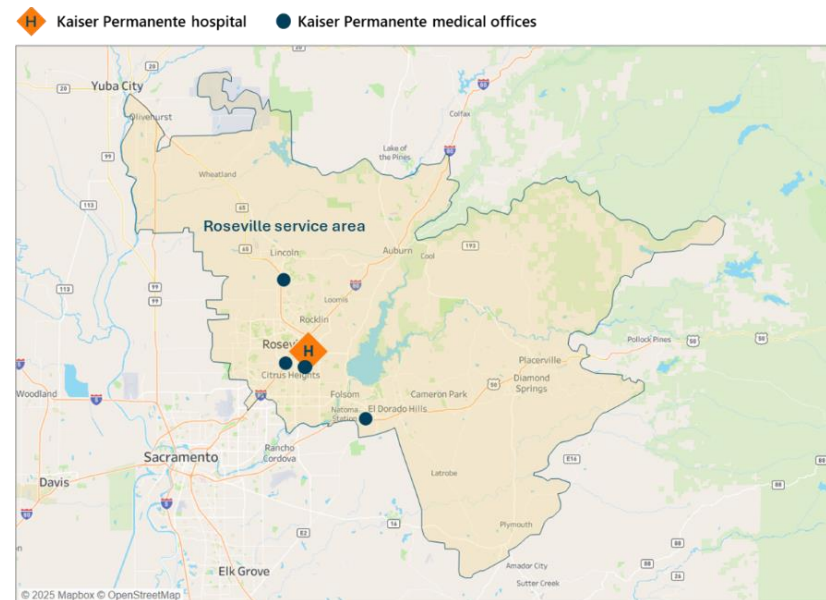
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Roseville 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 Roseville 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 Roseville 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 Roseville Medical Center participates in a Roseville CHNA collaboration.

Hospitals that collaborated on the CHNA: Dignity Health/CommonSpirit Health, Sutter Health, University of California – Davis Health, Kaiser Permanente Sacramento Medical Center, Kaiser Permanente South Sacramento Medical Center

Other organizations that collaborated on the CHNA: Community Health Insights

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 Roseville 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 — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Roseville service area, 12 percent of adults in Placer County reported delays or having difficulty accessing health care that they felt they needed. Interviewed community leaders shared the lack of culturally responsive providers and those focused on the specific care needs of vulnerable populations, non-English speakers, and LGBTQ+ individuals. They also identified strategies to address access to care such as investing in local community clinics that provide culturally responsive services for low- income residents.

2. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Renters from diverse backgrounds in particular are more likely to live in cost-burdened households and face housing instability. In the Roseville service area, the overall housing affordability index is 113.8 compared to 154.5 nationwide, meaning it costs more for a typical resident in the Roseville area to purchase a home than it does in other areas. Interviewed community leaders shared that the housing crisis is getting worse, and they are seeing an

increasing number of people with housing-related needs, noting that the community is fearful of upcoming evictions after the expiration of the eviction moratorium. They also identified strategies to address housing such as investing in affordable housing options, destigmatizing homelessness, and addressing the root causes of the housing crisis.

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. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among vulnerable populations. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Roseville service area, the rates of suicide deaths are higher than the state average (13.5 compared to 10.5), and rates for deaths of despair are similarly worse than the state (38.6 compared to 34.3). Additionally, there are disparities related to mental and behavioral health such as disproportionate rates of child abuse reports for vulnerable populations, which is reflective of differential access to social services and supports. Interviewed community leaders spoke about the need to support the mental health of service providers, noting how the COVID-19 pandemic has made it harder to recruit qualified behavioral health specialists. They also identified strategies to address mental and behavioral health such as collaborating with local community-based organizations who have pre-established, strong relationships with the community.

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. Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Roseville service area, the unemployment rate of 14 percent is slightly higher than the national rate of 13 percent. Interviewed community leaders highlighted subpopulations that have been particularly impacted by economic circumstances. They also identified strategies to address income issues such as creating career pathways, financial literacy training, educating employers about medical leave, and viewing food security as an income supplement.

d. Health Needs Identified but Not Addressed

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

Reasons Climate & environment was not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected

Reasons Community Safety was not selected:

- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected

For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente Roseville Medical Center were 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
Latino Leadership Council, Inc.	Creer En Tu Salud	Roseville	Latino Leadership Council deployed Promotores to expand healthcare access for families in Placer County by assisting with insurance enrollment, medical appointments, paperwork navigation, and follow-up support, removing language and systemic barriers to timely care.
<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>			

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
St. Vincent de Paul Society	St. Vincent de Paul Roseville, Homeless Prevention Rental & Utility Assistance Program	Roseville	St. Vincent de Paul Roseville prevented eviction and utility shutoffs for low-income households across Placer County by providing rental and utility assistance, food distribution, case management, and wraparound support services

			including meals, school supplies, diapers, and hygiene products, addressing the interconnected challenges of housing instability, hunger, and financial hardship for families earning 50% or less of the area median income.
Placer County Office of Education	Placer County Wide Intervention Team	Roseville	Placer County Office of Education coordinated housing, mental health, and social services for homeless and at-risk students through a streamlined referral process and County-Wide Intervention Team, improving school stability and outcomes for vulnerable youth and families.
The Gathering Inn	Mental Wellness Program	Roseville	Gathering Inn's Mental Wellness Program delivered on-site individual therapy, mental health assessments, and group sessions to homeless adults in Placer County.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
KidsFirst Child Abuse Prevention Council of Placer County	Family Mental Wellness Group Therapy Program	Roseville	KidsFirst delivered no-cost, trauma-informed group therapy, clinical supervision, and case management services to low-income children and youth in Placer County, using evidence-based modalities like TF-CBT to reduce the effects of adverse childhood experiences, build resilience, and improve mental health and behavioral outcomes for underserved young people in Roseville and Auburn.
Lighthouse Counseling and Family Resource Center	Family Wellness Initiative - City of Roseville	Roseville	Lighthouse's Family Wellness Initiative delivered low and no-cost, trauma-informed counseling, therapeutic groups, case management, and educational classes in English and Spanish to low-income residents of Roseville, helping children and adults heal from trauma, domestic violence, abuse, and mental

			health challenges while connecting families to essential resources that support long-term safety, self-sufficiency, and well-being.
Roseville Joint Union High School District	School Based Wellness Centers	Roseville	Roseville Joint Union High School District's Wellness Centers delivered no-cost, trauma-informed mental health services to high school students through universal screening, individual and group therapy, case management, and classroom-based social-emotional learning.
Child Advocates of Placer County	The Mental Health and Well-being of Foster Youth in Placer County	Roseville	Child Advocates of Placer and Yuba Counties paired foster youth navigating the Juvenile Justice System with caring adult advocates, building protective relationships that prevent adverse childhood experiences and improve long-term mental health outcomes.
Keaton's Child Cancer Alliance	Keaton's Pediatric Cancer Family Wellness Center: A Trauma-Informed Approach to Childhood Cancer	Roseville	Keaton's Child Cancer Alliance delivered bilingual case management, parent coaching, peer support, and financial assistance to low-income pediatric cancer families, reducing caregiver burden and addressing the emotional, mental, and financial trauma of childhood cancer from diagnosis through treatment and beyond.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Service Education and Research (Fiscal Sponsor for Capitol Impact)	Sacramento Region Construction and Allied Health Workforce Development Partnership	Roseville; Sacramento; South Sacramento	Capitol Impact expanded construction and allied healthcare workforce pipelines in the greater Sacramento region by coordinating employer partnerships, work-based learning opportunities, apprenticeship innovation, and strategic planning between community colleges, K-12 institutions, and industry partners, creating career pathways for

			students of color, low-income, first generation, and rural students.
Feeding the Foothills	PantryToGo Project	Roseville	Feeding the Foothills PantryToGo program distributed healthy food staples and fresh produce through mobile community distributions and direct delivery to homebound seniors across Placer and El Dorado counties.
Sierra College Foundation	Basic Needs Student Assistance - Food Security & Mental Health Support	Roseville	Sierra College Foundation's Basic Needs Center provided nutritious meals and mental health sessions to food insecure and low-income students, removing barriers that cause students to drop classes or leave school and supporting the academic success of foster youth, veterans, and first-generation college learners.
Seniors First Inc.	Senior Nutrition	Roseville	Seniors First provided free congregate meals at Senior Cafes and supplemental grocery deliveries to homebound seniors ages 60 and over across Placer County.
3Strands Global Inc	Employ + Empower program	Roseville; Sacramento; South Sacramento	3Strands Global Foundation's Employ + Empower program provided trauma-informed case management, job readiness training, and employment placement to human trafficking survivors in Greater Sacramento.
Kidzpalooza.org (Fiscal Sponsor for Roseville Venture Lab)	Roseville Venture Lab	Roseville	Roseville Venture Lab advanced economic stability and workforce readiness in the South Placer region by delivering free career exploration, job readiness training, entrepreneurship support, financial literacy workshops, and youth development programs to underserved residents facing barriers to sustainable employment and business growth.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

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

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

Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals

Access to care

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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> • 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>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 Roseville 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 Roseville 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	\$ 40,653,067		\$ 40,653,067
Medi-Cal	\$ 39,171,543		\$ 39,171,543
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 79,824,611		\$ 79,824,611
Other Benefits			
Community Health Improvement Services	\$ 212,055	\$ 0	\$ 212,055
Community Benefit Operations	\$ 0	\$ 441,716	\$ 441,716
Health Professions Education	\$ 3,349,591	\$ 837,398	\$ 4,186,989
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 2,025,915	\$ 1,043,653	\$ 3,069,568
Cash and in-kind Contributions for Community Benefits	\$ 407,346	\$ 38,784	\$ 446,130
Other Community Benefits	\$ 0	\$ 73,075	\$ 73,075
Total Other Benefits	\$ 5,994,907	\$ 2,434,626	\$ 8,429,533

Community Benefits Spending			
Total Community Benefits*	\$ 85,819,518	\$ 2,434,626	\$ 88,254,144
Medicare (non-IRS)	\$ 172,572,019		\$ 172,572,019
Total Community Benefits with Medicare	\$ 258,391,537	\$ 2,434,626	\$ 260,826,163

*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