



Kaiser Permanente Redwood City Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

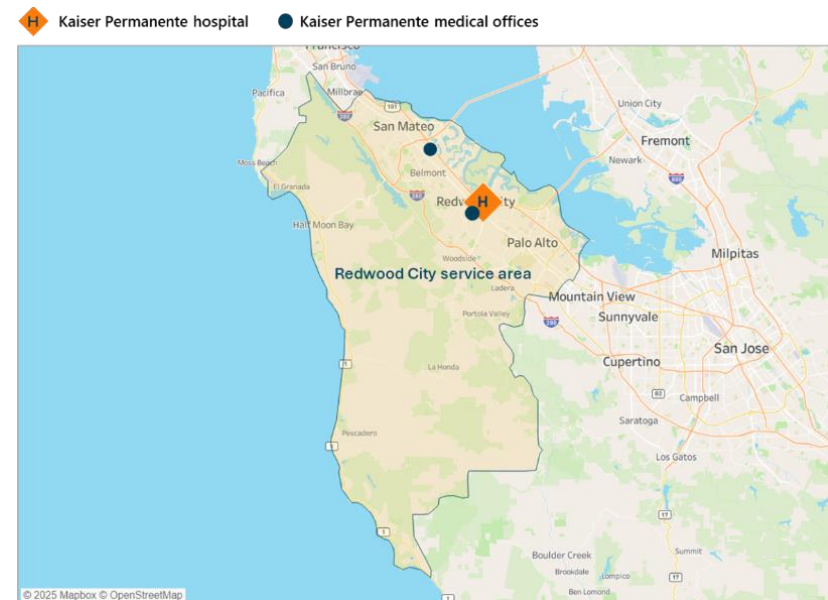
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Redwood City 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 Redwood City 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 Redwood City Medical Center CHNA report and three-year 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 Redwood City Medical Center collaborates with other San Mateo County hospital systems and partners.

Hospitals that collaborated on the CHNA: Stanford Health Care, Lucile Packard Children's Hospital at Stanford, Sutter Health Mills-Peninsula Medical Center, El Camino Health, Kaiser Permanente South San Francisco Medical Center

Other organizations that collaborated on the CHNA: Actionable Insights LLC

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente Redwood City Medical Center prioritized the following significant health needs, in priority order:

1. 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 certain ZIP codes of the Redwood City service area, there are higher percentages of children living in poverty, higher unemployment rates, and less access to jobs than the rest of the area as well as state and national averages. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to address income and employment needs such as workforce training, wraparound services, community partnerships and advocating for policies such as universal home visiting, universal childcare and a universal basic income.

2. 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. Though the Redwood City service area fares better than state and national averages with lower rates of deaths of despair and higher rates of mental health providers, interviewed

community leaders highlighted the need for more culturally responsive services and providers who are culturally and linguistically representative of the communities they serve. Additionally, there are disparities related to mental and behavioral health such as a higher percentage of adults identifying as bisexual or homosexual in San Mateo County having thought seriously about committing suicide, compared to heterosexual adults. Interviewed community leaders shared that the isolation, trauma and stress of the COVID-19 pandemic has notably exacerbated the mental health of youth, seniors, families with young children and undocumented families. They also identified strategies to address mental and behavioral health needs, such as better coordination between providers, partnering with schools to distribute mental health resources to families, and training and hiring mental health providers who are culturally and linguistically responsive to the local community.

3. 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. In the Redwood City service area, there is a marked shortage of affordable housing and an increase in the homeless count between 2017 and 2019. Additionally, there are disparities related to housing for diverse communities who have a disproportionately higher housing cost burden. Interviewed community leaders shared that the general wealth of San Mateo County often overshadows pockets of struggling low-income families that may resort to moving outside the Bay Area and bearing the burden of long commutes to work or school. They also identified strategies to address housing needs such as innovative efforts to prevent homelessness, culturally responsive wraparound services, and care coordination.

4. 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. Certain ZIP codes within the Redwood City service area, specifically the North Fair Oaks, Redwood City and Coastsides communities, have a larger percentage of uninsured children and/or residents than the service area as a whole. Interviewed community leaders described provider bias and community distrust of the healthcare system as barriers to accessing care for marginalized communities, elevated by the COVID-19 pandemic which made families even more hesitant to go to healthcare facilities to receive care. They also identified strategies to improve access to care such as better coordination of care across healthcare and social services, providing more culturally and linguistically specific resources, and partnering with schools to increase families' access to health services.

d. Health Needs Identified but Not Addressed

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

Reasons Education was not addressed

- Community does not prioritize this need over other issues
- Aspects of this need will be addressed in strategies for other needs

Reasons why Structural inequities was not addressed

- This need is incorporated into other needs selected
- 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 Redwood City Medical Center were addressing during the 2023-2025 Implementation Strategy period.

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. Additionally, Kaiser Permanente NCAL provided significant contributions to the

East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds are not included in the financial totals for 2025.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Fresh Approach	Building Community Health Through Nutrition Access and Workforce Training	Redwood City	Fresh Approach expanded access to healthy food and economic opportunity for low-income residents of East Palo Alto and North Fair Oaks by operating a community farmers' market with Expanded Market Match incentives, CalFresh and WIC enrollment assistance, and a paid workforce development program that trained local residents as Community Food Leaders.
Peninsula Family Service	The Workforce Stability and Nutrition Support for Economic Resilience	Redwood City	Peninsula Family Service addressed the interconnected barriers of unemployment and food insecurity for low-income older adults and underserved job seekers in San Mateo County by delivering digital literacy training, resume assistance, career coaching, and CalFresh and WIC enrollment assistance, supporting long-term economic resilience and improved health outcomes for vulnerable residents facing persistent disparities in employment and nutrition access.
Upward Scholars	Moving 250 adult immigrants up the economic ladder	Redwood City; South San Francisco	Upward Scholars advanced the economic security and well-being of adult immigrants and their families in San Mateo County by providing targeted financial support, academic tutoring, career development and holistic wraparound services.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description

Boys & Girls Clubs of North San Mateo County	Great Futures Start Here -- Nourishing the Whole Child	Redwood City; South San Francisco	Boys and Girls Clubs of North San Mateo County strengthened the social-emotional well-being of underserved students ages 4 to 17 by integrating trauma-informed practices, the Planning for the Next Normal Playbook, and RISE tools into its SMART Moves program across clubhouses and school campuses.
Peninsula Bridge Program	Peninsula Bridge Mental Health Wellness Program	Redwood City	Peninsula Bridge delivered individualized mental health counseling, crisis intervention, and parent education workshops in English, Spanish, and Portuguese to low-income youth and families in San Mateo County.
San Mateo Police Activities League	Promoting Healthy Futures: Health Programming for Underserved Kids Ages 5-20 and Their Families	Redwood City	San Mateo PAL promoted the health and well-being of low-income youth ages 5 to 20 and their families by providing physical fitness programs, social-emotional learning, outdoor adventures, leadership development, juvenile diversion services, and family mental wellness support
Starvista	Cultivating Safe Spaces and Creating Inclusivity Throughout San Mateo County	Redwood City; South San Francisco	StarVista's San Mateo County Pride Center reduced mental health disparities and social isolation among community members by delivering SOGIE educational trainings to schools and service providers and hosting monthly peer support groups.
Starvista	Transforming Trauma into Resilience: Creating Opportunities for Childcare Providers and Families with Children to Thrive	Redwood City; South San Francisco	StarVista's Early Childhood Services program delivered bilingual, trauma-informed mental health consultation, parent education workshops, and ACEs-focused training to childcare providers and families with children ages 0 to 5 in San Mateo County, reducing the impacts of toxic stress and trauma for low-income, marginalized, and immigrant families facing significant barriers to care.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Human Investment Project Inc.	The Self Sufficiency Program: Deepen support for low-income families by stabilizing housing through trauma-informed care and family shelter outreach.	Redwood City; South San Francisco	HIP Housing provided low-income families in San Mateo County with housing subsidies, trauma-informed case management, financial literacy education, life skills workshops, and connections to educational and job training resources through its Self Sufficiency Program.
Rebuilding Together Peninsula	Safe at Home: Safety modifications and repairs to support the well-being of low-income homeowners	Redwood City; South San Francisco	Rebuilding Together Peninsula improved the health, safety, and independence of low-income homeowners across San Mateo County by providing free home repairs and safety modifications including ramps, grab bars, fall hazard remediation and critical structural repair.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
South County Community Health Center, Inc.	Improving Access to Health Care Safety Net	Redwood City	Ravenswood Family Health Network provided uninsured, underinsured, and Medi-Cal patients in East Palo Alto and surrounding San Mateo County communities with comprehensive, culturally responsive primary care, integrated behavioral health, dental services and social support.
Samaritan House	Samaritan House, Free Clinic of Redwood City	Redwood City	Samaritan House's Free Clinic of Redwood City provided uninsured, low-income residents of southern San Mateo County with a comprehensive, zero-fee medical home delivering primary care, dental, vision, behavioral health, subspecialty services, prescription medications, and a Food Pharmacy program.
PUENTE DE LA COSTA SUR	Providing Transportation to Ensure Access to Healthcare Services	Redwood City	Puente de la Costa Sur connected farmworkers, older adults, and low-income residents of California's isolated rural South Coast to medical, dental, and pharmacy appointments through private transportation services, ensuring that the absence of public transit no longer prevented vulnerable

			community members from accessing essential healthcare.
El Concilio of San Mateo County	Health and Wellness: Medical Application Assistance Program	Redwood City	El Concilio of San Mateo County connected low-income, limited English speaking, and immigrant families to healthcare coverage by providing culturally and linguistically competent one-on-one case management, translation, and enrollment assistance for Medi-Cal and other public health insurance options.
Villages of San Mateo County	Healthy Aging at Home: Enhancing Senior Wellbeing Through Community Connections and Support	Redwood City; South San Francisco	Villages of San Mateo County's Healthy Aging at Home program enabled over 400 seniors across 14 cities in San Mateo County to age safely and independently by reducing social isolation through community events and activities, providing volunteer-driven support services including transportation, home safety modifications, and friendly visits, and equipping older adults and their families with education and resources to navigate health and care transitions with confidence.

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.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Redwood City 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 Redwood City 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. 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
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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration

<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
<p>Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions • Planned collaboration: Food banks and pantries, community organizations, and government agencies
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by 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

b. Evaluation of the Community Benefit Plan's Effectiveness

Kaiser Permanente Redwood City 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 in 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 Redwood City 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	\$ 17,102,589		\$ 17,102,589
Medi-Cal	\$ 11,271,436		\$ 11,271,436
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 28,374,025		\$ 28,374,025
Other Benefits			
Community Health Improvement Services	\$ 141,370	\$ 0	\$ 141,370
Community Benefit Operations	\$ 0	\$ 163,550	\$ 163,550
Health Professions Education	\$ 1,225,419	\$ 306,355	\$ 1,531,774
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 750,115	\$ 386,423	\$ 1,136,538
Cash and in-kind Contributions for Community Benefits	\$ 275,283	\$ 32,143	\$ 307,426
Other Community Benefits	\$ 0	\$ 27,057	\$ 27,057
Total Other Benefits	\$ 2,392,188	\$ 915,527	\$ 3,307,715

Community Benefits Spending			
Total Community Benefits*	\$ 30,766,213	\$ 915,527	\$ 31,681,740
Medicare (non-IRS)	\$ 53,136,424		\$ 53,136,424
Total Community Benefits with Medicare	\$ 83,902,637	\$ 915,527	\$ 84,818,164

*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