



Kaiser Permanente Downey Medical Center

2025 Community Benefits Plan

HCAI License Number: 106196403

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1. Introduction

a. Kaiser Permanente's Mission Statement

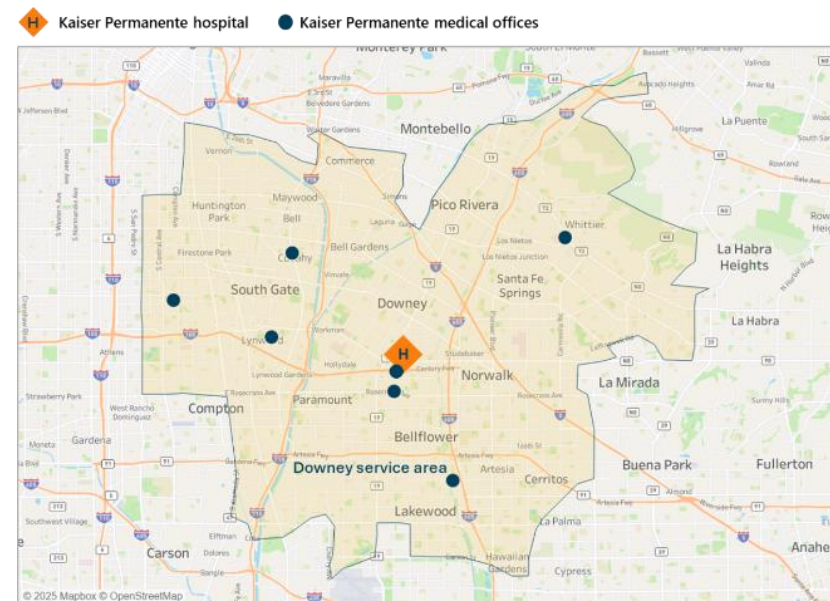
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Downey 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 Downey 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 Downey 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 Downey Medical Center collaborates with other local hospital systems and partners. Hospitals that collaborated on the CHNA: Kaiser Permanente West Los Angeles Medical Center, Kaiser Permanente South Bay Medical Center, PIH Health Whittier Hospital

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

1. Housing: The Downey service area has a lower home ownership rate (50 percent) compared to the State average (55 percent). In addition, the Downey service area has a much lower housing affordability index (75.) compared to the State average (88.1). Renters from diverse background are more likely to live in cost-burdened households and face housing instability. In the Downey service area, vulnerable populations are more likely to experience severe housing burden and live in overcrowded housing. Interviewed community leaders identified racial segregation and gentrification as two causes of the increased housing burden. They also discussed seeing more unhoused families, generational homelessness, and unhoused seniors. According to community leaders, programs such as Project Homekey are critical to address housing needs of unhoused individuals and those at risk of homelessness.

2. Mental & behavioral health: In the Downey service area, depression rates vary by service planning area (SPA), where both rates of adults with current depression and adults at risk for major depression being higher in SPA 6 compared to SPA 7. Community leaders noted that there is a stigma around talking about and seeking care for mental health issues, especially for vulnerable populations. They also noted that it can be challenging to connect individuals experiencing homelessness, monolingual speakers, seniors, and those who are formerly incarcerated to mental health services given transportation needs and the shortage of providers. Community leaders advocated for including community members in conversations around how to develop strategies to address mental and behavioral health issues in the community.

3. Access to care: In the Downey service area, where residents are predominantly from diverse background, the rate of those uninsured exceeds that of the State (12 percent compared to 8 percent), and more than a third of the residents are enrolled in

Medicaid/public insurance. Interviewed community leaders shared that they believe there is a lack of health education related to acquiring insurance and finding medical care, in addition to concerns around competing financial responsibilities, transportation needs, and finding culturally responsive providers. Potential community assets or opportunities they discussed included targeted outreach materials, health education street outreach teams, and cultivated relationships with trusted community leaders.

4. Income & employment: The Downey service area has a poverty rate of 16 percent, which is greater than the state (13 percent) and national (13 percent) averages. Similarly, unemployment is 17 percent in this service area, which is also higher compared to the state (16 percent) and national (13 percent) rates. The rate of adults with no high school diploma (32 percent) exceeds the state and national rates by over 100 percent. Further, significant racial disparities exist in per capita income with some vulnerable populations earning up to \$40,000 less. Interviewed community leaders expressed that prior to the pandemic, many residents did not have access to regular employment because they lacked the skills or knowledge to navigate the workplace. Some opportunities offered by community leaders included developing more pathways for educational attainment, expanding workforce development programs, and using creative methods for spreading information about job opportunities.

5. Structural inequities: In the Downey service area, disparities continue to vary by service planning area (SPA). When it comes to educational attainment, economic opportunity, access to quality care, birth outcomes, and chronic health conditions, SPA 7 consistently fares better when compared to SPA 6. Community leaders advocated for policies and benefits that combat the impacts of discriminatory policies.

6. Food insecurity: Households from diverse backgrounds have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses. The Downey service area had a higher SNAP enrollment rate (14 percent) than Los Angeles County (10 percent) and the state (10 percent). Community representatives shared that community members in the Downey service area face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status. They also discussed opportunities to increase food security by identifying community organizations (e.g., churches, social services providers, and other community-based organizations) that can meet community needs, engaging community members to increase awareness of existing resources, and expanding hours of service.

d. Health Needs Identified but Not Addressed

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

Kaiser Permanente Downey Medical Center addressed all 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 Downey 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.
Golden State Recuperative Care	GSRC ADL Pilot Program Participation	Downey; Los Angeles; South Bay; West Los Angeles	Golden State Recuperative Care expanded access to recuperative care for unsheltered individuals with Activities of Daily Living needs in Los Angeles County by staffing a Licensed Vocational Nurse and Certified Nursing Assistant to coordinate and deliver direct caregiving services.
The People Concern	SOLAR Recuperative Care	Downey; Los Angeles; South Bay; West Los Angeles	The People Concern improved health outcomes and recovery for homeless individuals at its SOLAR recuperative care program by adding an on-site laundry facility and a second case manager.
Mental Health Advocacy Services, Inc.	Improving Wellbeing for Low Income Tenants in East Los Angeles	All Licensed Hospitals	Mental Health Advocacy Services and Via Care Healthcare Services partnered to deliver an integrated medical-legal partnership for low-income tenants in East Los Angeles, embedding housing navigation, eviction defense legal services, and Know Your Rights education directly within a trusted healthcare setting.

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
Elevate Your GAME	YMH Capacity Development	Downey	Elevate Your G.A.M.E. provided weekly in-person mentoring and trauma-informed mental health support to youth at three Compton high schools, embedding a licensed clinician who trained staff and mentors to identify and respond to student mental health needs while delivering counseling sessions to first-year college students.
Public Health Institute	Cypress Resilience Project: Learning Community and Support for CA Youth Mental Health Initiative Grantees, NCAL Grant split with SCAL	All Licensed Hospitals	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.
Community Family Guidance Center	Downey PCIT Program Expansion	Downey	Community Family Guidance Center expanded access to Parent-Child Interactive Therapy for families in Downey and surrounding cities by increasing the number of PCIT rooms at its Downey office, addressing the growing demand for evidence-based mental health services for children and families in a region where mental health needs among youth have escalated

			significantly and access to care remains critically limited.
Friends At Mafundi	Healing Through Heritage: Art, Culture & Community Wellness	Downey	Friends at Mafundi supported the mental well-being and healing of battered women in the Los Angeles area by collaborating with the Watts Willowbrook Conservatory to provide music experiences, assisting families with instrument access, hosting creative writing workshops, and facilitating poetry and prose gatherings.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
County of Los Angeles Department of Public Health	Southern California Community Health Outreach	Baldwin Park; Downey; Los Angeles; Panorama City; South Bay; West Los Angeles; Woodland Hills	Los Angeles County Department of Public Health improved healthcare access for vulnerable and low-income families across Los Angeles County by delivering culturally responsive outreach, one-on-one enrollment assistance, healthcare navigation support, and recertification services.
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 through the development of a data warehouse.
Southside Coalition of Community Health Centers	Safety Net Organizational Capacity Building	Downey; South Bay; West Los Angeles	Southside Coalition of Community Health Centers expanded organizational capacity to support its member health centers serving nearly 300,000 patients annually in South Los Angeles by strengthening health coverage

			education, outreach and enrollment, patient navigation, and quality improvement services
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.
<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>			

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Asian American Drug Abuse Program, Inc.	Health Careers Program	Downey; Los Angeles; South Bay; West Los Angeles	Asian American Drug Abuse Program expanded access to healthcare career pathways for underrepresented residents of South Los Angeles by providing targeted outreach, enrollment support, individualized employment

			planning, and comprehensive case management to help disadvantaged individuals complete vocational nursing and nursing assistant training programs.
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.
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.
Neighborhood Youth Achievers	Neighborhood Youth Achiever's Education & Enrichment Program	Downey	Neighborhood Youth Achievers provided college and career readiness workshops, leadership development, public speaking training, one-on-one mentorship, and Bridge Scholarships to high school students in the Watts community.
Boys & Girls Club of Whittier Inc	Leaders in Training (LIT)	Downey	Boys and Girls Club of Whittier's Leaders in Training program provided predominantly low-income high school teens in Whittier and Pico Rivera with college readiness workshops, workforce training, academic support, financial literacy education, and holistic youth development programming.

Lynwood Partners Educational Foundation	Lift Lynwood: Mentorship and Scholarships	Downey	Lynwood Partners Educational Foundation's Lift Lynwood initiative provided targeted mentorship, life skills workshops, leadership development, and postsecondary scholarships to at-risk seniors in the Lynwood Unified School District.
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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.
Hunger Action Los Angeles	Connecting Community to Healthy Food	Baldwin Park; Downey; Los Angeles; Panorama City; West Los Angeles; Woodland Hills	Hunger Action Los Angeles provided a holistic approach to connecting low-income community members to healthy food in response to SNAP benefit losses and anticipated rule changes, continuing its weekly food distribution of produce, eggs, and prepared meals to seniors, individuals with disabilities, low-income families, and other vulnerable households across Los Angeles County. The organization also supported CalFresh outreach and enrollment to benefits, which explains how to access

			programs like CalFresh and WIC and understand new eligibility requirements.
Community Partners	Food is Medicine on Campus: Advancing CalFresh Access	Baldwin Park; Downey; Panorama City; West Los Angeles; Woodland Hills	The Los Angeles Food Policy Council supported policy and systems changes by implementing recommendations from the Fresh Ideas for CalFresh: College Edition report and providing targeted support to a Los Angeles campus identified as needing additional assistance. Activities included providing technical assistance to the institution and piloting student-led advocacy tools to increase participation and support sustainable campus practices.
Protestant Episcopal Church in the Diocese of Los Angeles	Farmers to Families: Nutrient Dense Produce for Chronic Disease Management	Downey	Episcopal Diocese of Los Angeles' Seeds of Hope delivered a 15-week Food is Medicine program to low-income, uninsured patients living with diet-related chronic conditions in South Los Angeles, providing weekly nutrient-dense produce, culturally responsive nutrition education, case management, and food preparation support in partnership with South Central Family Health Center.
Project Angel Food	Medically tailored meals, nutrition services, and emergency food assistance for clients with diet-related diseases	Baldwin Park; Downey; Fontana_Ontario; Los Angeles; Panorama City; South Bay; West Los Angeles; Woodland Hills	Project Angel Food delivered home-delivered grocery gift cards to critically ill clients facing CalFresh benefit disruptions and provided medically tailored meals with registered dietitian counseling to clients with diabetes and heart disease in Los Angeles County.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

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

1. Access to care
2. Food and nutrition security
3. Housing
4. Income and employment
5. Mental and behavioral health

Access to care

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

Food and nutrition security

Strategy	Expected outcomes	Available resources and planned collaboration
<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

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</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

enhancing coordination between community and health care.		organizations, schools and school districts, and other hospitals
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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
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
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 Downey 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 Downey 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	\$ 27,812,742		\$ 27,812,742
Medi-Cal	\$ 75,927,986		\$ 75,927,986
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 103,740,728		\$ 103,740,728
Other Benefits			
Community Health Improvement Services	\$ 1,928,672	\$ 117,504	\$ 2,046,176
Community Benefit Operations	\$ 0	\$ 489,661	\$ 489,661
Health Professions Education	\$ 21,112	\$ 5,278	\$ 26,390
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 425,525	\$ 219,210	\$ 644,735
Cash and in-kind Contributions for Community Benefits	\$ 3,510,952	\$ 56,791	\$ 3,567,744
Other Community Benefits	\$ 0	\$ 24,891	\$ 24,891

Total Other Benefits	\$ 5,886,261	\$ 913,335	\$ 6,799,597
Community Benefits Spending			
Total Community Benefits*	\$ 109,626,989	\$ 913,335	\$ 110,540,325
Medicare (non-IRS)	\$ 112,237,135		\$ 112,237,135
Total Community Benefits with Medicare	\$ 221,864,124	\$ 913,335	\$ 222,777,460

*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