



Kaiser Permanente Baldwin Park Medical Center

2025 Community Benefits Plan

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# 1. Introduction

## a. Kaiser Permanente's Mission Statement

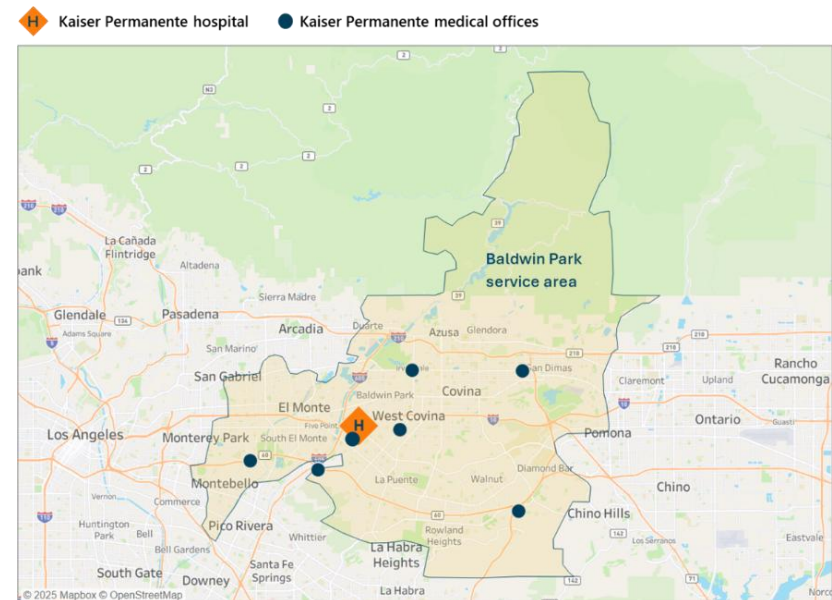
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Baldwin Park 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 Baldwin Park 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 Baldwin Park 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 Baldwin Park Medical Center collaborates with other local hospital systems and partners as part of the Health Consortium of Greater San Gabriel Valley.

Hospitals that collaborated on the CHNA: Health Consortium of Greater San Gabriel Valley; USC Arcadia Hospital

Other organizations that collaborated on the CHNA: Health Consortium of Greater San Gabriel Valley; Forward Community Health Consulting

*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 Baldwin Park Medical Center prioritized the following significant health needs, in priority order:

**1. Income & employment:** Residents in the Baldwin Park service area are poorer than average Californians. Median household income is over 10 percent lower than the California state average. Additionally, more than one in ten residents in the Baldwin Park service area are living below the poverty line. This level of poverty is not directly related to local income inequality, which is within the typical range for the state, but may reflect a higher unemployment rate – which is over 16 percent. Many of the local experts mentioned that organizations within the Baldwin Park service area are collaborating to offer free or subsidized resources (e.g., free transportation and discounted telehealth devices).

**2. Access to care:** Approximately 8.6 percent of residents in the Baldwin Park service area are uninsured, compared to only 7.5 percent at the state level. Additionally, the Baldwin Park service area has fewer primary care physicians per 100,000 population than the state. In key informant interviews, access to care was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving access to care were common – including improving navigation of services and resources, addressing provider shortages, and increasing the availability of telehealth care/virtual health care.

**3. Housing:** Of the seven Housing indicators assembled in the Kaiser Permanent Community Health Needs Dashboard, all show that housing conditions in the Baldwin Park service area are worse than the national average; furthermore, six of the seven housing indicators are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average. The median rental cost is \$1,600, much higher than the national average. Residents of the Baldwin Park service area who have a mortgage spend roughly twice as much of their income on their mortgages as the national average. There was a general sense of urgency among the key informant interviewees that local jurisdictions throughout the Baldwin Park service area need to follow through with their plans to build affordable housing.

**4. Mental & behavioral health:** The Baldwin Park service area has fewer mental health providers per 100,000 population than the state. In key informant interviews, Mental & Behavioral Health was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving mental & behavioral health were common. These proposed investments included destigmatizing mental health issues – especially among some subgroups of the population, addressing mental health service shortages, and decreasing the costs of mental health care.

**5. Education:** Nearly one in four of the adult residents in the Baldwin Park service area do not have a high school diploma, which is higher than both the California and national averages. However, when considering the other five education indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, the residents of the Baldwin Park service area have educational attainment that is typical for United States residents. Although, this average may conceal some equity issues in education. ZIP codes that have a higher proportion of vulnerable populations tend to have fewer adults with a high school diploma and fewer adults with some college education on average. Local experts provided many suggestions on how health care organizations should invest to meet the educational needs identified in the CHNA, including investments in vaccine education, nutritional education (e.g., how to read a food label, cooking healthy food), labs and vitals education (e.g., understanding blood work), chronic disease education (e.g., how to prevent and manage diabetes), and general navigation of the health care system.

#### **d. Health Needs Identified but Not Addressed**

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

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

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

#### **e. Activities Taken to Address the Needs of the Community**

The following are the health needs Kaiser Permanente Baldwin Park 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.

<b>Income &amp; Employment</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
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.
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.
Haynes Family of Programs	Vocational Arts and Internships (VAI) for High Schoolers with Disabilities and Learning Challenges.	Baldwin Park	Haynes Family of Programs' Vocational Arts and Internships program provided hands-on training in barbering, cosmetology, auto mechanics, welding, and construction alongside paid internships to high school students with disabilities and learning challenges in Los Angeles.

<b>Access to Care</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
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.

**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.

<b>Housing</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
National Health Care for the Homeless Council	Strengthening Recuperative Care services in Southern CA	All Licensed Hospitals	National Institute for Medical Respite Care strengthened the recuperative care system across Southern California by expanding the

	through knowledge sharing, policy changes, and care transitions		L.A. Recuperative Care Learning Network to four surrounding counties, developing standardized protocols for integrating ADL assistance into recuperative care programs, advocating for state policy alignment, and building referral networks with skilled nursing facilities and short-term post-hospitalization housing.
CalRecup Care Inc	ADL Pilot in Recuperative Care	Baldwin Park	CalRecup Care piloted an innovative ADL assistance program within the recuperative care setting to remove a persistent barrier that prevents homeless individuals with temporary self-care limitations from accessing post-hospital recovery services.
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 to stabilize housing for patients with mental health disabilities.

<b>Mental &amp; Behavioral Health</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
YWCA of San Gabriel Valley	YMH Capacity Development - Thriving Resilient Youth (TRY) Program	Baldwin Park	YWCA San Gabriel Valley's Thriving Resilient Youth program expanded mental health workshops, mentorship, and family support to youth ages 13 to 18 across the San Gabriel Valley, including those impacted by the Eaton Canyon Wildfire.

City of Azusa	Peer Mental Health Support for Azusa's Youth and Teens	Baldwin Park	City of Azusa's peer-to-peer mental health training program equipped middle and high school students in Azusa with mental health awareness, coping skills, and the tools to facilitate workshops for their peers
Foothill Family Service	Teen Family Services (TFS)	Baldwin Park	Foothill Family's Teen Family Services provided case management, educational support, and monthly Group Connections workshops to pregnant and parenting teens in the San Gabriel and Pomona Valleys.

### Education

Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Catholic Charities of Los Angeles	Emergency Food Services	Baldwin Park	Catholic Charities of Los Angeles' San Juan Diego Community Center provided monthly and weekly emergency food assistance including non-perishable foods, dairy, meats, vegetables, and fruits to low-income families experiencing food insecurity in the Baldwin Park service area.

### 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	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.
Project Angel Food	Medically tailored meals, nutrition services, and	Baldwin Park; Downey; Fontana_Ontario; Los Angeles;	Project Angel Food delivered home-delivered grocery gift cards to critically ill clients facing

	emergency food assistance for clients with diet-related diseases	Panorama City; South Bay; West Los Angeles; Woodland Hills	CalFresh benefit disruptions and provided medically tailored meals with registered dietitian counseling to clients with diabetes and heart disease in Los Angeles County.
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 addressed the immediate and growing food insecurity crisis in Los Angeles County by delivering weekly distributions of produce, eggs, and prepared meals to vulnerable households, conducting CalFresh outreach and enrollment assistance.

### **3. 2026 Community Benefits Plan**

#### **a. 2026-2028 Implementation Strategies**

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

1. Housing
2. Chronic disease and disability
3. Access to care
4. Mental and behavioral health

## Housing

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

## Chronic disease and disability

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"> <li>• Increase access to care and coverage</li> <li>• Increase utilization of clinical and social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>

Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions</li> <li>• <b>Planned collaboration:</b> Food banks and pantries, community organizations, and government agencies</li> </ul>
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"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and technical assistance</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

### 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"> <li>• Increase access to care and coverage</li> <li>• Increase utilization of clinical and social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• <b>Planned collaboration:</b> National organizations, community organizations, and safety net providers</li> </ul>

<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"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and technical assistance</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>
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### Mental and behavioral health

<b>Strategy</b>	<b>Expected outcomes</b>	<b>Available resources and planned collaboration</b>
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> <li>• Increase access to care and coverage</li> <li>• Increase utilization of clinical and social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, and safety net clinics</li> </ul>
<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"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• <b>Planned collaboration:</b> National organizations, community organizations, and safety net providers</li> </ul>
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by</p>	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and technical assistance</li> </ul>

strengthening the availability and coordination of community and health care resources.	<ul style="list-style-type: none"> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>
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"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and technical assistance</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

### b. Evaluation of the Community Benefit Plan’s Effectiveness

Kaiser Permanente Baldwin Park 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 Baldwin Park 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.

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>Vulnerable Population</b>	<b>Broader Community</b>	<b>Total</b>
Traditional Charity Care	\$ 19,156,853		\$ 19,156,853
Medi-Cal	\$ 34,307,957		\$ 34,307,957
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 53,464,810		\$ 53,464,810
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 1,033,655	\$ 82,774	\$ 1,116,429
Community Benefit Operations	\$ 0	\$ 344,934	\$ 344,934
Health Professions Education	\$ 564,657	\$ 141,164	\$ 705,821
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 299,754	\$ 154,419	\$ 454,173
Cash and in-kind Contributions for Community Benefits	\$ 1,352,409	\$ 72,391	\$ 1,424,800
Other Community Benefits	\$ 0	\$ 17,534	\$ 17,534

<b>Total Other Benefits</b>	<b>\$ 3,250,475</b>	<b>\$ 813,216</b>	<b>\$ 4,063,691</b>
<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	<b>\$ 56,715,285</b>	<b>\$ 813,216</b>	<b>\$ 57,528,501</b>
Medicare (non-IRS)	\$ 71,608,771		<b>\$ 71,608,771</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 128,324,056</b>	<b>\$ 813,216</b>	<b>\$ 129,137,272</b>

\*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