



Kaiser Permanente Moreno Valley Medical Center

2025 Community Benefits Plan

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Table of Contents

1. Introduction	3
a. Kaiser Permanente’s Mission Statement	3
b. Definition of the Community	3
2. Community Health Needs Assessment (CHNA)	4
a. Approach to CHNA	4
b. Community Engagement in Development of the Plan	4
c. List of Prioritized Needs	5
d. Health Needs Identified but Not Addressed	6
e. Activities Taken to Address the Needs of the Community	6
3. 2026 Community Benefits Plan	17
a. 2026-2028 Implementation Strategies	17
b. Evaluation of the Community Benefit Plan’s Effectiveness	21
4. Financial Summary	22
a. Explanation of Methodology Used to Determine Cost	22
b. Community Benefits Provided in 2025	22
5. Certification Statement	24

1. Introduction

a. Kaiser Permanente's Mission Statement

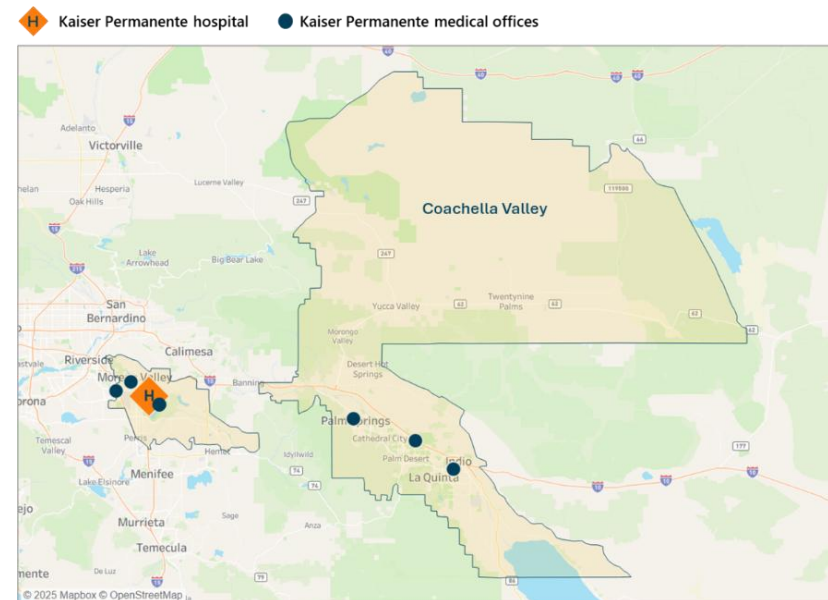
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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

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

c. List of Prioritized Needs

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

1. Income & employment: Income and employment are a major issue of concern in the Moreno Valley service area. For those who do have jobs, household earnings are generally low – particularly when compared to the state as a whole. Not only are there fewer quality jobs, but many people also experience transportation problems (particularly for those who are low-income). An additional barrier is the available jobs in a proximal area to one’s home. The data on job proximity index — accessibility of a given neighborhood as a function of its distance to all job locations — is alarming at 36 (a higher score corresponds with greater job proximity; state average: 47). What is particularly critical about income is that it is an upstream factor that impacts much more of an individual’s life other than simply their bank account.

2. Access to care: The service area has high rates of both adult and child uninsured; 10 percent of adults locally are uninsured, higher than the state average of 8 percent, and 4 percent of children locally are uninsured, higher than the state average of 3 percent, resulting in diseases going undiagnosed or untreated. Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient’s care. Many also struggle with transportation difficulties in accessing care. Additionally, the region has long struggled to recruit and retain enough providers, making it more difficult to find a physician even when health insurance is available.

3. Housing: For well over a decade, there has been a chronic shortage of housing (especially affordable housing). The consequence of this is high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 13 percent higher than the national average, and more than 21 percent of people are experiencing a severe housing burden. When households

put more money toward housing, there are less resources available for other necessities. Community partners frequently mentioned the grim state of housing in the service area and the shortage of affordable housing.

4. Mental & behavioral health: The service area has both a high need for mental health care and a low capacity to meet this need. The rates of deaths of despair (deaths by suicide, drug overdose, and unhealthy alcohol use), for example, are high, yet the number of mental health care providers remains lower than the state average. Additionally, community partners explained that the COVID-19 pandemic exacerbated the very things that cause poor mental health to begin with – namely, stressors such as financial strain and life difficulties. As one key informant shared, “I think the mental health of many individuals in our communities [has] worsened. The isolation, the economic instability, losing their jobs, losing family members, has all had a profound impact on the psyches of our community – collectively and individually”.

5. Structural inequities: Socio-economic mobility for residents from some racial and ethnic groups remains a challenge, as some historically underrepresented communities (largely corresponding to both racialized and economically exploited populations) have fewer resources and poorer infrastructure than other communities. Many health need measures are worse in primarily vulnerable populations. For example, the percentage of uninsured is worse in more racially diverse ZIP codes. This pattern of disproportionate health needs is found in numerous other measures, such as and for income housing and employment.

d. Health Needs Identified but Not Addressed

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

Kaiser Permanente Moreno Valley 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 Moreno Valley 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.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
California WIC Association	Improving Access: Streamlining Referrals and WIC Enrollment	All Licensed Hospitals	California WIC Association expanded access to the WIC program for eligible but unenrolled families across California by streamlining electronic referral systems, supporting Memoranda of Understanding between WIC local agencies and Medi-Cal managed care plans, and advancing policy and systems improvements that reduce enrollment barriers for pregnant individuals and young children, addressing a coverage gap of hundreds of thousands of eligible Californians who are missing out on a program proven to improve birth outcomes and reduce healthcare costs.
Communities Lifting Communities	Impact Purchasing in Health Care Initiative	Anaheim_Irvine; Baldwin Park; Downey; Fontana_Ontario; Los Angeles; Moreno Valley;	Communities Lifting Communities advanced health equity and economic resilience across Southern California by building hospital capacity for inclusive procurement, expanding

		Panorama City; Riverside; South Bay; West Los Angeles; Woodland Hills	regional data collection on supplier diversity, and strengthening cross-sector collaboration through the Regional Impact Purchasing Collaborative, creating pathways for local and diverse-owned businesses to access hospital supply chains and driving economic investment in vulnerable populations.
Olive Crest	Transitional Housing - Preparing Foster Youth for Career Readiness through Counseling and Life Skills Coaching	Moreno Valley; Riverside	Olive Crest Inland and Desert Communities supported foster youth in building resilience and employment readiness by providing counseling, mental health services, education, and life skills coaching, addressing the disproportionate rates of trauma, abuse, and mental health challenges facing youth in the foster care system and helping them develop the foundation needed for long-term stability and self-sufficiency.
Think Together	Think Together - Workforce Readiness and Education Program - Hemet and Desert Hot Springs	Moreno Valley	Think Together's Workforce Readiness Education Program equipped underserved teens at high schools in Hemet and Desert Hot Springs with the employability skills needed for labor market success, providing instruction on practical career competencies aligned with California Technical Education goals and addressing the significant economic challenges facing youth in communities where median household incomes fall well below statewide averages.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Health Initiative of Orange County	Southern California Community Health Outreach	Anaheim_Irvine; Fontana_Ontario; Kern; Moreno Valley; Riverside; San Diego; San Marcos	Community Health Initiative of Orange County expanded health coverage access for low-income residents across Southern California by providing direct enrollment assistance, care

			coordination, retention support, and community outreach through its proven OERU model, helping vulnerable individuals navigate the fragmented healthcare system, maintain Medi-Cal coverage amid significant policy changes, and connect to wraparound social services through a network of subcontractors serving Orange, San Diego, Kern, San Bernardino, and Riverside counties.
Community Health Association Inland Southern Region	Safety Net Organizational Capacity Building	Fontana_Ontario; Moreno Valley; Riverside	Community Health Association Inland Southern Region strengthened the capacity of its 25 member safety net organizations across San Bernardino and Riverside Counties by providing operational support, workforce development, policy and advocacy assistance, and Medi-Cal navigation training, addressing the critical healthcare workforce shortage and improving access to care and coverage for underserved communities in the region.
The California Health Care Safety-Net Institute	Safety Net Organizational Capacity Building	All Licensed Hospitals	The California Health Care Safety Net Institute supported efforts to strengthen public health care systems by providing peer learning, technical assistance, expert access, and collaboration with the Department of Health Care Services, while also building its internal capacity to collect and analyze system data through the development of a data warehouse.
California School-Based Health Alliance	Expanding Capacity of School-Based Health & Wellness Centers Through California, NCAL - Grants splits with SCAL	All Licensed Hospitals	California School-Based Health Alliance strengthened the capacity of Local Education Agencies and community-based health organizations to deliver health and mental health services in California schools by providing training, technical assistance, and regional coalition support, expanding school-based health and wellness centers in areas of

			greatest need while centering youth voice through peer-led health advocacy convenings.
Public Health Institute	Strengthening the Capacity of California Birth Equity Organizations	Fontana_Ontario; Kern; Moreno Valley; Riverside; South Bay; West Los Angeles	Cypress Resilience Project strengthened organizational capacity and staff well-being by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management coaching to leaders navigating vicarious trauma and burnout, ensuring that frontline organizations serving young people had the resilience, skills, and peer support needed to sustain and deepen their impact.

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.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
National Health Care for the Homeless Council	Strengthening Recuperative Care services in Southern CA through knowledge sharing, policy changes, and care transitions	All Licensed Hospitals	National Institute for Medical Respite Care strengthened the recuperative care system across Southern California by expanding the L.A. Recuperative Care Learning Network to four surrounding counties, developing standardized protocols for integrating ADL assistance into recuperative care programs, advocating for state policy alignment, and building referral networks with skilled nursing facilities and short-term post-hospitalization housing, creating a more cohesive and equitable continuum of care for unhoused patients transitioning out of hospitals.
Martha's Village and Kitchen Inc.	Martha's Homeless Recuperative Care Expansion Program	Moreno Valley	Martha's Village and Kitchen expanded homeless recuperative care services in the Coachella Valley by providing short-term residential recovery for individuals who no longer required hospitalization but needed a safe environment to heal from illness or injury, coordinating nursing care, behavioral health services, and case management to bridge the critical gap between hospital discharge and housing stability for homeless patients.
Inland SoCal Housing Collective	Advancing Access through Policy, Partnerships & Innovation	Fontana_Ontario; Moreno Valley; Riverside	Inland SoCal Housing Collective advanced affordable housing solutions for low to moderate income communities across San Bernardino and Riverside Counties by developing a Regional Housing Needs Roadmap, facilitating cross-sector stakeholder convenings, hosting educational series on innovative housing models, and advocating for pro-housing policies, addressing a housing affordability gap of over 100,000 units and the growing

			homelessness crisis in a region where rising costs disproportionately burden vulnerable populations.
Inland Counties Legal Services	Improving Community Health Through Increased Legal Aid Access and Medical Provider Collaboration	Fontana_Ontario; Moreno Valley; Riverside	Inland Counties Legal Services expanded its housing medical legal partnership across the Inland Empire by funding a full-time attorney to provide direct legal representation, tenant advocacy, and Know Your Rights education to low-income community members facing eviction and unsafe living conditions, while training medical provider staff to screen for legal needs and connect patients to housing legal resources.
Lift to Rise	Affordable Housing Development as Key Determinant of Regional Health in the Coachella Valley	Moreno Valley	Lift to Rise advanced affordable housing access for low and moderate income residents of the Coachella Valley by implementing community-based housing interventions, addressing the primary driver of economic and family instability in a region where housing unaffordability creates cascading effects on health, employment, and community well-being.

Mental & Behavioral Health

Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Playworks Education Energized	Play to Thrive: Deepening School Connection in Southern California	Downey; Los Angeles; Moreno Valley; Panorama City; Riverside	Playworks Southern California improved school connectedness and student well-being across Watts and greater Southern California by delivering play-based direct services, professional development workshops, and consultative support to schools and youth-serving partners, ensuring that students in under-resourced communities continued to experience structured, safe play that builds belonging, social skills, and resilience as a

			protective factor against anxiety, depression, and chronic absenteeism.
Val Verde Unified School District	Strengthening School Communities Through Leadership Wellness and Self-Care	Moreno Valley	Val Verde Unified School District invested in staff wellness and sustainable self-care by delivering the Life by Design professional development program to its management and educator workforce, equipping leaders with research-based strategies for balance, resilience, and collaboration in a district where over 80% of students are socioeconomically disadvantaged and staff face escalating demands and burnout risk.
Palm Springs Unified School District	Wellness Works: Empowering Our Team	Moreno Valley	Palm Springs Unified School District supported educator health and retention by providing intensive wellness workshops, group coaching, and wellness toolkits to staff experiencing chronic stress and burnout, investing in the physical, mental, and emotional well-being of educators as a foundation for creating thriving school environments for students across the district.
Divine Truth Unity Fellowship Church	The Pride Youth Mental Health Through Mentoring Capacity Initiative	Fontana_Ontario; Moreno Valley; Riverside	Rainbow Pride Youth Alliance expanded trauma-informed, culturally responsive one-on-one mentoring services for vulnerable youth across Riverside and San Bernardino Counties by implementing strategic planning, staff training, youth and family engagement, technology infrastructure, and a pilot mentoring program, addressing the compounding barriers of poverty, pandemic isolation, rural access limitations, and political polarization that leave BIPOC, immigrant, and low-income young people disconnected from the protective relationships they need to thrive.
Public Health Institute	Cypress Resilience Project: Learning	All Licensed Hospitals	Cypress Resilience Project strengthened the organizational capacity and staff well-being of

	Community and Support for CA Youth Mental Health Initiative Grantees, NCAL Grant split with SCAL		Kaiser's California Youth Mental Health Initiative grantees by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management coaching to leaders navigating vicarious trauma and burnout, ensuring that frontline organizations serving young people had the resilience, skills, and peer support needed to sustain and deepen their impact.
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Structural Inequities			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Rising Stars Business Academy	Moreno Valley YouthBuild - Youth Leadership Development	Moreno Valley	Rising Stars Business Academy provided leadership development, career exposure, and community service programming to youth in the Inland Empire, equipping young people in communities with some of the highest youth unemployment and dropout rates in California with the tools, mentorship, and opportunities needed to build ethical leadership skills and pathways to economic mobility.
Regional Access Project Foundation	Strengthening Community Networks Capacity Building Initiative	Moreno Valley; Riverside	RAP Foundation strengthened the capacity of community organizations in Riverside County addressing health disparities, racial trauma, and income inequality through a comprehensive capacity-building approach, supporting nonprofits in moving beyond crisis intervention toward meaningful, sustained community change.

Food Insecurities			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Feeding America	Healthy Food, Healthy Futures: Increasing Access to Fresh Produce, Protein, and Dairy, PO - Grants splits with	Anaheim_Irvine; Baldwin Park; Downey; Kern; Los Angeles; Moreno Valley; Panorama City; Riverside; San Diego; San Marcos; South Bay; West Los Angeles; Woodland Hills	Feeding America expanded equitable access to nutrient-rich foods for families facing hunger across its national network of partner food banks by deepening agricultural partnerships, strengthening sustainable fresh food procurement models, maximizing federal program coordination, and leveraging 11 regional cooperatives to ensure that fresh produce, dairy, and protein reach the communities with the greatest nutrition gaps and health disparities at a time when food insecurity has reached its highest level in nearly a decade.
Food Forward	Increasing Access to Healthy Food in Southern California	All Licensed Hospitals	Food Forward expanded community access to fresh fruits and vegetables across Southern California by investing in optimized workflows and transportation capacity to recover and distribute larger volumes of produce, implementing partner feedback systems to improve distribution quality, and strengthening food rescue infrastructure that redirects nutritious food from going to waste to families and communities experiencing food insecurity.
Jacobs & Cushman San Diego Food Bank	Ensuring Access to Healthy Foods - the Fresh Produce Initiative (FPI)	All Licensed Hospitals	The Jacobs & Cushman San Diego Food Bank supported the Fresh Produce Initiative by increasing access to fresh produce in underserved communities. The food bank distributes 64% of all recovered produce in Los Angeles County, reaching a wide range of organizations including homeless outreach programs, after-school programs, LGBTQ+ service organizations, veteran support

			programs, and college student assistance programs.
Los Angeles Regional Food Bank	Enhancing Access to Healthy Food and Healthy Cultural Food Traditions in Underserved LA County Communities	All Licensed Hospitals	The Los Angeles Regional Food Bank supported an initiative to improve access to healthy and culturally relevant foods in underserved Los Angeles County communities. The program distributed fresh produce and culturally appropriate foods to individuals and households experiencing food insecurity through partner agencies in underserved areas.
Community Action Partnership of San Bernardino County	Senior Choice: Enhancing Services	All Licensed Hospitals	Community Action Partnership of San Bernardino County enhanced services by launching three new Senior Choice distribution sites in underserved areas of the Valley Region. This effort supported senior households experiencing food insecurity by expanding access to food assistance and providing education on preparing healthy meals.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

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

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

Housing

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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
<p>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

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"> • 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
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

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

Mental and behavioral health

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

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

Kaiser Permanente Moreno Valley 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 Moreno Valley 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	\$ 11,513,653		\$ 11,513,653
Medi-Cal	\$ 22,523,708		\$ 22,523,708
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 34,037,361		\$ 34,037,361
Other Benefits			
Community Health Improvement Services	\$ 39,180	\$ 44,276	\$ 83,456
Community Benefit Operations	\$ 0	\$ 184,507	\$ 184,507
Health Professions Education	\$ 59,303	\$ 14,826	\$ 74,129
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 160,340	\$ 82,599	\$ 242,939
Cash and in-kind Contributions for Community Benefits	\$ 1,969,537	\$ 60,783	\$ 2,030,320
Other Community Benefits	\$ 0	\$ 9,379	\$ 9,379

Total Other Benefits	\$ 2,228,360	\$ 396,370	\$ 2,624,730
Community Benefits Spending			
Total Community Benefits*	\$ 36,265,721	\$ 396,370	\$ 36,662,091
Medicare (non-IRS)	\$ 31,495,005		\$ 31,495,005
Total Community Benefits with Medicare	\$ 67,760,726	\$ 396,370	\$ 68,157,096

*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