



Kaiser Permanente San Rafael Medical Center

2025 Community Benefits Plan

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# 1. Introduction

## a. Kaiser Permanente's Mission Statement

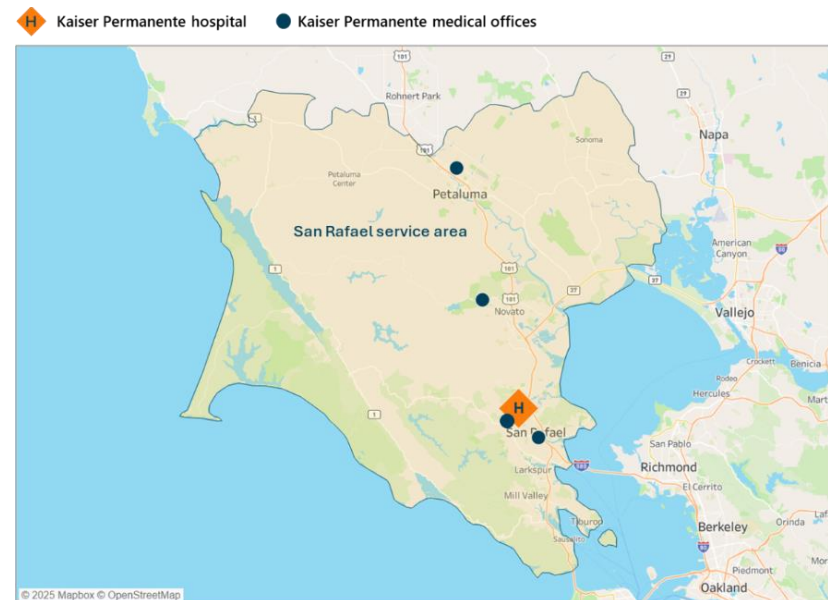
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 San Rafael 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 San Rafael 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 San Rafael 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 San Rafael Medical Center collaborates with other Marin County hospital systems and partners as part of the Healthy Marin Partnership.

Hospitals that collaborated on the CHNA: Healthy Marin Partnership: Marin Health Medical Center, Sutter Health Novato Community Hospital

Other organizations that collaborated on the CHNA: Public health agencies: Marin County Department of Health and Human Services

Other organizations: Actionable Insights LLC, Marin Community Foundation

*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 San Rafael Medical Center prioritized the following significant health needs, in priority order:

**1. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. Although the San Rafael service area is among the wealthiest in California, income, access to employment, and the ability to generate long-term wealth varies greatly throughout the service area. Interviewed community leaders shared that these challenges were furthered by the COVID-19 pandemic, illness, and public health orders limiting which business and services were open to the public, negatively impacting employment and wages – especially for those working in the service sector. To address income inequality in the service area, key informants recommended employers be more creative with salaries, benefits, retention strategies, and recruitment strategies for jobs within Marin County.

**2. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential

treatment based on race, as well as access to fewer health care resources. In the San Rafael service area, although only 4 percent of the population is uninsured, 13 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. This is in part due to rising health care costs and lack of adequate transportation for those living in rural areas. Additionally, access to regular care varies by population. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of vulnerable populations, LGBTQ+ individuals, as well as a lack of understanding of the intersectionality of multiple identities. They also identified strategies to address access to care such as expanding health education and outreach; emphasizing the role of Promotores as key health care advocates and trusted messengers in local communities; and working with leaders in multiple sectors in order to create an integrated health care system.

**3. Education:** The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma correlates strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Access to early learning opportunities is limited for some children in Marin County; 35 percent of Marin County 3-to-5-year-olds are not enrolled in preschool. Additionally, the high school dropout rate of Marin County students increased over the past few years, from 1 percent of students in the 2014-15 school year to 6 percent in the 2016-17 school year. Interviewed community leaders emphasized learning losses for children during school closures due to COVID-19. They noted that remote learning options were very limited for students without reliable internet access. They also emphasized the lack of adequate staff for education positions, particularly preschool teachers and school psychologists.

**4. Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among vulnerable populations. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Marin County the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 population is only slightly better than California as a whole (32.0 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm specifically is higher: 13.2 per 100,000 in Marin County compared to 10.5 per 100,000 statewide. Additionally, there are disparities related to mental and behavioral health. Interviewed community leaders noted the need for ongoing support, particularly to address the mental health impacts of recent wildfires and the COVID-19 pandemic. They noted that vulnerable populations may be particularly hesitant to utilize mental health or substance use services due to a lack of culturally competent care options. They also identified strategies to address mental and behavioral health such as peer support and drop-in centers.

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

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

Reasons Housing was not selected:

- Significant Kaiser Permanente investments already have been made to address this need
- This need is incorporated into other needs selected
- Aspects of this need will be addressed in strategies for other needs

Reasons Structural Inequities and Unhealthy Substance Use were not selected:

- This need is incorporated into other needs selected

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

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

The following are the health needs Kaiser Permanente San Rafael 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 NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds are not included in the financial totals for 2025.

<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>
La Luz Center	Economic Advancement	San Rafael	La Luz Center's Economic Advancement program provided low-income Sonoma Valley residents with job readiness coaching, workplace rights education, free tax preparation, small business support and wraparound referrals.
Community Action Marin	Uplifting Small Business Owners for Community Well-Being	San Rafael	Community Action Marin strengthened the economic stability of low-income family childcare business owners in Marin County by providing college enrollment support, peer mentoring, business development workshops and technical assistance.

<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>
RotaCare Bay Area	RotaCare Free Clinic of San Rafael	San Rafael	RotaCare Clinic of San Rafael provided free, culturally sensitive medical care to uninsured, underinsured, and low-income adults in Marin County and surrounding areas.
MCCT	Marin City's Holistic Home Health Initiative for Low-Income Older Adults with Limited Mobility	San Rafael	Marin City Community Trust delivered door-to-door in-home health screenings, personalized care coordination, and benefits enrollment assistance to low-income older adults with limited mobility in Marin City.
<b>Medi-Cal</b>			
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>Education</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Canal Alliance	University Prep (UP!)	San Rafael	Canal Alliance's University Prep program supported low-income youth in San Rafael's Canal neighborhood to graduate high school and attain four-year college degrees through daily tutoring, social-emotional learning, college and career readiness activities and family engagement.
Petaluma People Services Center	PPSC Supporting High School Students with Career Dreams	San Rafael	Petaluma People Services Center's RYSE program equipped economically disadvantaged high school students in Petaluma with career exploration, work readiness workshops, vocational assessments, resume building and interview preparation.

<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>
Huckleberry Youth Programs, Inc.	Huckleberry's Adverse Childhood Experience Prevention, Mitigation, and Intervention Programming	San Rafael	Huckleberry Youth Programs delivered a comprehensive continuum of trauma-informed, bilingual prevention education, mental health screening, counseling and case management to youth in San Rafael.
Side by Side	Raíces Unidas Family Services to Address Youth Mental Health	San Rafael	Side by Side's Raíces Unidas initiative delivered bilingual, trauma-informed group and individual therapy to low-income elementary school youth and simultaneous parent support workshops addressing intergenerational trauma and parenting skills.
Center for Domestic Peace	Domestic Violence Parent/Child Therapy: In This Together (ITT)	San Rafael	Center for Domestic Peace's In This Together program delivered bilingual trauma-informed group therapy and case management to domestic violence survivors and their children in Marin County.
North Marin Community Services	NMCS Progress, Resilience, Opportunity (PRO) Program	San Rafael	North Marin Community Services' PRO Program embedded intensive, wraparound case management directly on high school campuses in Novato, providing at-risk youth with trauma-informed mental health support, housing stability assistance, workforce readiness and social-emotional skill building.
Marin Horizon School Incorporated	Trauma-informed Early Childhood Education	San Rafael	Horizon Community School provided trauma-informed early childhood education to low-income children of color in Marin City, combining high-quality classroom instruction with speech and language therapy, learning specialist support, and up to 12 parent and staff workshops on culturally responsive trauma-informed care.

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

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

Kaiser Permanente San Rafael 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 San Rafael 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. Mental and behavioral health
3. Income and employment

**Access to care**

<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>• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• Planned collaboration: 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>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: 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>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, and other hospitals</li> </ul>

## Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> <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>• Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• Planned collaboration: 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>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: 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>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, and other hospitals</li> </ul>

## 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"> <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>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: National organizations, community organizations, educational partners, and safety net providers</li> </ul>
<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"> <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>• Resources: Charitable contributions</li> <li>• Planned collaboration: Food banks and pantries, community organizations, and government agencies</li> </ul>
<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>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, 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>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, educational partners, and other hospitals</li> </ul>

## **b. Evaluation of the Community Benefit Plan's Effectiveness**

Kaiser Permanente San Rafael 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 San Rafael 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	\$ 7,320,840		\$ 7,320,840
Medi-Cal	\$ 8,357,481		\$ 8,357,481
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 15,678,321		\$ 15,678,321
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 141,370	\$ 0	\$ 141,370
Community Benefit Operations	\$ 0	162,128	\$ 162,128
Health Professions Education	\$ 1,138,898	\$ 284,725	\$ 1,423,623
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 743,594	\$ 383,064	\$ 1,126,658
Cash and in-kind Contributions for Community Benefits	\$ 269,261	\$ 28,710	\$ 297,972
Other Community Benefits	\$ 0	\$ 26,822	\$ 26,822
<b>Total Other Benefits</b>	\$ 2,293,124	\$ 885,448	\$ 3,178,572

<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 17,971,446	\$ 885,448	\$ 18,856,894
Medicare (non-IRS)	\$ 93,991,828		<b>\$ 93,991,828</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 111,963,274</b>	<b>\$ 885,448</b>	<b>\$ 112,848,722</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.

- Yvette Radford, Vice President, External & Community Affairs
- Mike Bowers, Senior Vice President, Operations Kaiser Foundation Health Plan/ Hospitals