



Kaiser Permanente Manteca Medical Center

Kaiser Permanente Modesto Medical Center

2025 Community Benefits Plan

HCAI License Number: 106394009

## 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 .....	6
d. Health Needs Identified but Not Addressed .....	8
e. Activities Taken to Address the Needs of the Community .....	9
3. 2026 Community Benefits Plan .....	14
a. 2026-2028 Implementation Strategies .....	14
b. Evaluation of the Community Benefit Plan’s Effectiveness .....	19
4. Financial Summary .....	20
a. Explanation of Methodology Used to Determine Cost .....	20
b. Community Benefits Provided in 2025.....	20
5. Certification Statement .....	22

# 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.

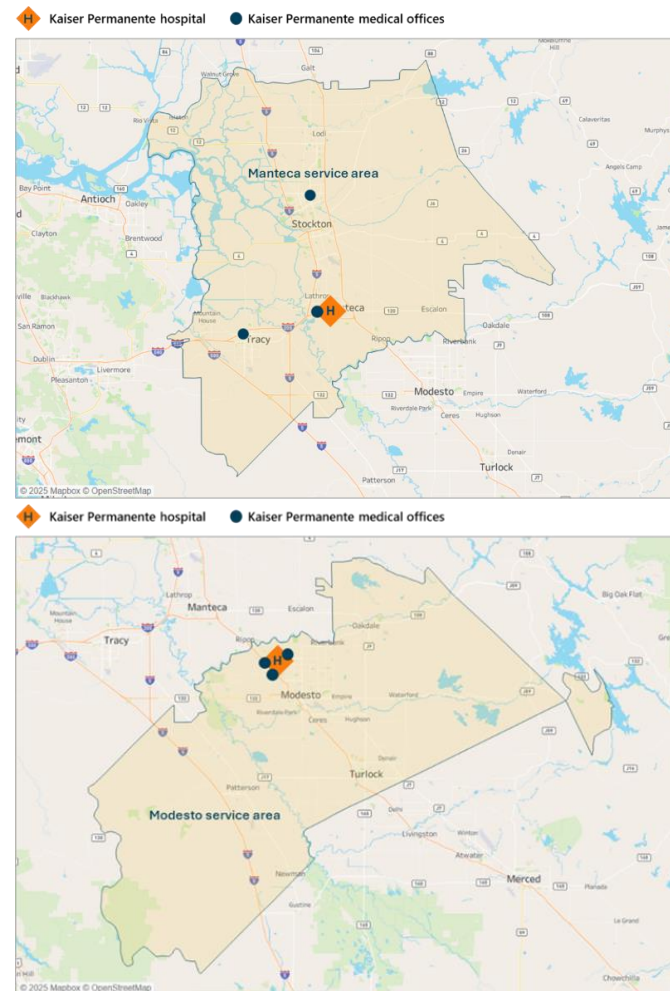
Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve nearly 12.6 million members in 8 states and the District of Columbia.

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 Manteca and Modesto hospital service

areas include 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 Manteca and Modesto Medical Centers conduct 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 Manteca and Modesto Medical Centers 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](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere)).

Kaiser Permanente Manteca Medical Center is a member and a Core Team leader of the Healthier San Joaquin Collaborative, which brings together San Joaquin County's nonprofit hospitals, Managed Care Plans, public health and key stakeholders in a joint effort to address local needs and improve the communities' health.

Hospitals that collaborated on the CHNA

Healthier San Joaquin Collaborative: Adventist Health Lodi Memorial, Dameron Hospital, Dignity Health St. Joseph's Medical Center, Sutter Tracy Community Hospital

Other organizations that collaborated on the CHNA

Public health agencies: Healthier San Joaquin Collaborative: San Joaquin County Behavioral Health Services, San Joaquin County Public Health Services

Other organizations: Healthier San Joaquin Collaborative: Community Foundation of San Joaquin, Community Medical Centers, First 5 San Joaquin, Health Net, Health Plan of San Joaquin, Reinvent South Stockton Coalition, SJ Health, Sutter Health, University of the Pacific

Kaiser Permanente Modesto Medical Center also participates in and shared data with the Community Health Assessment Stanislaus County Health Coalition.

Hospitals that collaborated on the CHNA

Community Health Assessment Stanislaus County Health Coalition: Sutter Health, Valley Children's Healthcare

Other organizations that collaborated on the CHNA

Public health agencies: Community Health Assessment Stanislaus County Health Coalition: Health Services Agency - Stanislaus County

*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 Manteca and Modesto Medical Centers prioritized the following significant health needs, in priority order:

#### **Kaiser Permanente Manteca Medical Center**

**1. 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. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and vulnerable populations are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system is strained in the Manteca service area, as evidenced by provider shortages. Key informants stated that even with health insurance, access to care is a problem for service area residents when it comes to specialty care of all kinds, pediatric and adult oral health and hormone replacement therapy. Numerous barriers to receiving care were cited by key informants, including: few local specialists, inadequate appointment availability, lack of adequate insurance, and language/cultural barriers. Access to culturally responsive care is of particular concern for vulnerable populations in the Manteca service area, who experience higher rates of infant mortality. Transportation to health care services was identified as a common barrier to accessing care, particularly for residents in rural communities who have limited transportation options and/or few nearby health clinics. Most key informants agreed that the pandemic complicated residents' ability to access routine healthcare, as the switch to telehealth proved difficult for seniors, non-English speakers, and low-income communities with limited access to technology needed for online communication.

**2. 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. Income and employment challenges in the Manteca service area are apparent from the higher child poverty and unemployment rates as compared to the CA average. According to key informants interviewed, income and employment are consistently unstable in the Manteca service area, particularly for historically underserved or marginalized populations. Key informants described how income and employment challenges influenced service area residents' health behaviors, exacerbating chronic disease, disability, mental health and substance use. Income and employment needs are illustrated by the food insecurity rate in the Manteca service area, which is higher than the state average; key informants emphasized the need for food insecurity noting the food purchasing challenges faced in low-income communities, even when residents are working multiple jobs in

order to pay rent, bills, and provide food for their families. In addition, key informants noted the pandemic's negative impact on families' financial security, resulting in more residents relying on food banks.

**3. 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. Mental and behavioral health is a critical and urgent health need in the Manteca service area. Immediate action is needed to address access to mental and behavioral health services and the provider shortage, which is substantially worse in the service area than the state average and disproportionately impacts vulnerable populations. Key informants said children, adolescents, the elderly, unhoused people, rural communities, and other low-income vulnerable populations have the greatest needs for accessible mental health services. They mentioned a number of barriers to accessing services: cost, lack of insurance coverage, transportation, language and cultural or social stigma. Key informants linked mental and behavioral health concerns to trauma, Adverse Childhood Experiences (ACEs), income and employment, homelessness, and substance use. They described residents often cope with life challenges by using substances. In addition, key informants said mental health concerns and challenges to accessing mental and behavioral health services were significantly amplified by the pandemic.

### **Kaiser Permanente Modesto Medical Center**

**1. 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. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, low-income families and vulnerable populations are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Modesto service area is strained, lacking easily accessible, affordable health care providers who represent the diverse communities they serve. This provider shortage exacerbates existing inequities experienced by underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area, facilitating access to care for low-income service area residents. However, communities with large vulnerable populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers.

**2. 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. While the unemployment rate in the Modesto service area is only slightly higher than the

California average, the service area's average income is lower and rates of poverty for adults and children are both higher. As a result, food insecurity is a concern for families in the Modesto service area, many of whom struggle to access affordable, healthy foods. Children are among the most affected by poverty and often rely on free and reduced-price school lunches (FRPL) to supplement their nutritional needs. Areas with larger vulnerable populations than the service area average showed some of the highest rates of childhood poverty and FRPL eligibility. Key informants described that inequities in economic security were made more apparent by the pandemic.

**3. Mental & behavioral health:** Mental health affects all areas of life, including physical well-being, the ability to work and succeed in school, and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Modesto service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations. Key informants in the service area also identified substance use as a co-occurring top need, stressing the inextricable tie to mental and behavioral health. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language or cultural differences, limited access to technology/Internet and social stigma. The emergence of the pandemic exacerbated many of these barriers at a time when the demand for mental health services skyrocketed, especially among those who were the most vulnerable to trauma. Key informants listed children, adolescents, low-income residents, and other vulnerable populations as having high need for accessible mental health services, and the most difficulty in obtaining them.

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

The significant health need identified in the 2022 CHNA that Kaiser Permanente Manteca and Modesto Medical Centers do not plan to address is shown below, along with the reasons for not addressing that need.

##### **Kaiser Permanente Manteca Medical Center**

Reasons Housing was not selected:

- Less feasibility to make an impact on this need
- Less ability to leverage community assets to address this need
- This need is incorporated into other needs selected
- Aspects of this need will be addressed in strategies for other needs

## **Kaiser Permanente Modesto Medical Center**

Reasons Chronic disease & disability was not selected:

- Community does not prioritize this need over other issues
- Less ability to leverage community assets to address this need
- Aspects of this need will be addressed in strategies for other needs

Reasons Healthy Eating Active Living opportunities were not selected:

- Community does not prioritize this need over other issues
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- Less ability to leverage community assets to address this need

Reasons Housing was not selected:

- Less ability to leverage community assets to address this need
- 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 Manteca and Modesto Medical Centers 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>Access to Care</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
United Way of Stanislaus County	211 Stanislaus County	Manteca_Modesto	United Way of Stanislaus County's 211 Stanislaus program connected low-income and under resourced residents to health and human services by linking callers with trained specialists who identified their needs and provided referrals across a database of more than 3,000 resources, following up to ensure needs were met and extending reach through the Unite Us platform to serve additional community members facing barriers of language, transportation, and poor health.
<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.			
<b>Community Health Coverage Program (CHCP)</b>			
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.			
<b>Medical Financial Assistance (MFA)</b>			

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>Income &amp; Employment</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Improve Your Tomorrow	IYT College Academy: Pathways to Promise	Manteca_Modesto	Improve Your Tomorrow's College Academy strengthened the education-to-employment pipeline for youth in San Joaquin and Stanislaus counties through mentorship, academic support, social-emotional learning, and career-readiness programming, directly addressing the income and employment disparities that drive long-term health inequities for vulnerable populations in the Central Valley.
San Joaquin County Public Health Services	Improving knowledge and access to nutrition and food resources in San Joaquin County	Manteca_Modesto	San Joaquin County Public Health Services delivered culturally appropriate nutrition education, food demonstrations, and resource referrals to SNAP-eligible and underserved communities across San Joaquin County, addressing the persistently high rates of diabetes, obesity, and cardiovascular disease that disproportionately impact low-income residents in a county where access to affordable, healthy food remains a critical barrier to better health outcomes.
The Salvation Army	Nourish & Flourish: Food, Fitness, and Mental Wellness	Manteca_Modesto	The Salvation Army Modesto Red Shield Community Center's After-School Nourish and Flourish program tackled food insecurity, childhood obesity, and mental health challenges in South Modesto by providing daily nutritious meals, monthly food boxes, physical fitness programming, and wellness support to low-

			income youth and families facing disproportionate health disparities.
Stanislaus County Office of Education	Leadership Academy	Manteca_Modesto	Stanislaus County Office of Education's Leadership Academy exposed a diverse group of high school juniors and seniors across Stanislaus County to local career opportunities in healthcare, business, public safety, agriculture, and government, developing their leadership potential and community connection through real-world engagement with local professionals and volunteer experiences that inspire students to invest in their region after completing their education.
Social and Environmental Entrepreneurs Inc	Invest In Me Supports Healthy Communities	Manteca_Modesto	Invest In Me built leadership capacity and fostered social connection among youth and families on the west side of Stanislaus County through cohort programming and Empower Hour sessions, addressing the geographic isolation, limited local resources, and rising rates of suicide that disproportionately affect residents in Patterson, Newman, Grayson, and Westley by creating accessible spaces for relationship building and community belonging.
Central Valley Hispanic Foundation	Diverse Economic Opportunities	Manteca_Modesto	The Central Valley Hispanic Foundation bridged critical gaps for underserved communities in Stanislaus County by delivering business training, financial and health literacy education, community events, and scholarships that equipped residents with the knowledge and skills needed to access better-paying jobs with health benefits and build long-term economic stability.

<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>
Thomas Toy Community Center	TREC Wellness Center	Manteca_Modesto	Thomas Toy Community Center's TREC Wellness Center provided relationship-based mentorship and mental health coaching to teens facing academic, social, and emotional challenges in Manteca, creating a bridge between school-based interventions and ongoing support by training Wellness Coaches to walk alongside struggling youth and connecting them to therapeutic services in a safe and welcoming community environment.
Boys and Girls Club of Manteca	Boys & Girls Club Manteca & Lathrop-Telethon Auction	Manteca_Modesto	Boys and Girls Club of Manteca supported the holistic development and well-being of youth members by delivering programs in healthy habits, garden club, athletics, homework assistance, arts and crafts, STEM, leadership, and mentorship, providing underserved young people with the structured activities, positive relationships, and skill-building opportunities needed to thrive academically, physically, and socially.

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

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

Kaiser Permanente Manteca and Modesto Medical Centers have 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 Manteca and Modesto Medical Centers Community Health have 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

## Kaiser Permanente Manteca and Modesto Medical Centers

### Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> <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, schools and school districts, 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>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, 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</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>• Resources: Charitable contributions, and technical assistance</li> </ul>

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 health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Planned collaboration: Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>
--	---	---

### Income and employment

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>• 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>
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>• 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>
Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and	<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</li> </ul>

affordability of nutritious and culturally relevant food options.		organizations, and government agencies
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.	<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, 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>• Resources: Charitable contributions, and technical assistance</li> <li>• Planned collaboration: 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 Manteca and Modesto 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 Manteca and Modesto Medical Centers 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	\$ 54,539,562		\$ 54,539,562
Medi-Cal	\$ 44,404,716		\$ 44,404,716
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 98,944,279		\$ 98,944,279
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 311,015	\$ 0	\$ 311,015
Community Benefit Operations	\$ 0	\$ 538,836	\$ 538,836
Health Professions Education	\$ 5,082,118	\$ 1,270,530	\$ 6,352,648
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 2,471,352	\$ 1,273,121	\$ 3,744,473
Cash and in-kind Contributions for Community Benefits	\$ 16,983,231	\$ 29,336	\$ 17,012,567
Other Community Benefits	\$ 0	\$ 89,143	\$ 89,143
<b>Total Other Benefits</b>	\$ 24,847,716	\$ 3,200,965	\$ 28,048,680

<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 123,791,994	\$ 3,200,965	\$ 126,992,959
Medicare (non-IRS)	\$ 140,848,072		<b>\$ 140,848,072</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 264,640,066</b>	<b>\$ 3,200,965</b>	<b>\$ 267,841,031</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