



Kaiser Permanente Walnut Creek Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

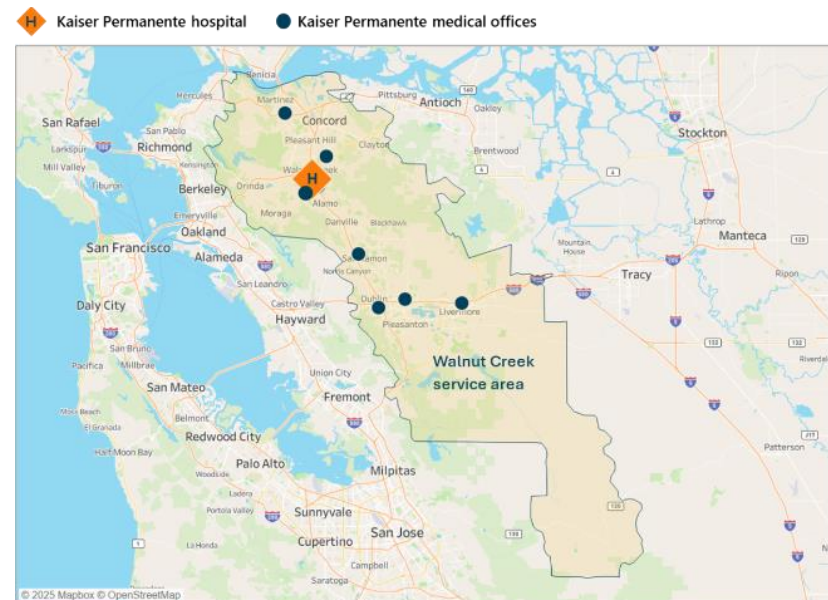
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Walnut Creek 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 Walnut Creek 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 Walnut Creek 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 Walnut Creek Medical Center participates in an Alameda County CHNA collaboration and a Contra Costa County CHNA collaboration.

Hospitals that collaborated on the CHNA: John Muir Health, Stanford Health Care Tri-Valley, University of California — San Francisco Benioff Children's Hospital, Kaiser Permanente Antioch Medical Center, Kaiser Permanente Fremont Medical Center, Kaiser Permanente Oakland Medical Center, Kaiser Permanente San Leandro Medical Center, Kaiser Permanente Richmond Medical Center

Other organizations that collaborated on the CHNA

Public health agencies: Alameda County Public Health, Contra Costa Health; Other organizations: Actionable Insights, LLC

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

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 Walnut Creek service area outperforms California and Contra Costa County across many measures of access to care, such as the percentage of insured adults and children. However, some indicators of inadequate care such as rates of preterm birth and the likelihood of death from COVID-19 are higher for vulnerable populations. Key informants noted the challenges of accessing medical services when transportation is needed, the costs of medical insurance, and disproportionate access to services for people of color.

2. 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 outcomes tend to look better overall in the Walnut Creek service area compared to the rest of Contra Costa County, though not for all racial and ethnic groups. Key informants expressed a lot of concern for mental and behavioral health among youth in the Walnut Creek service area,

noting an uptick in youth suicidal ideation and attempts. Informants reported long wait times to get an appointment with a mental health provider and the delays are even longer if someone is seeking a Spanish-speaking therapist.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Residents in the Walnut Creek service area have higher than average income earnings, lower rates of poverty, and lower unemployment rates compared to the rest of California. Still, a breakdown of measures such as median income by racial and ethnic group points to the presence of disparity. The unemployment rate also tends to be higher for vulnerable populations. Key informants shared that wages do not match the high cost of living in the area.

d. Health Needs Identified but Not Addressed

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

Reason Housing not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need
- This need is incorporated into other needs selected

Reason Transportation was not selected:

- Less feasibility to make an impact on this need
- Less ability for Kaiser Permanente to leverage expertise or assets to address this need

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 Walnut Creek 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.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Planned Parenthood: Shasta-Diablo, Inc.	Bridging Gaps to Care: Planned Parenthood Northern California’s Community Health Initiatives in Contra Costa County	Antioch; Walnut Creek	PPNorCal expanded access to culturally and linguistically appropriate reproductive health information through direct community-based outreach and comprehensive wraparound support at the Concord Health Center. By providing assistance both within the clinic and throughout the Contra Costa community, the Community Health Worker program served as an essential resource, helping individuals navigate and obtain the fundamental health care they needed.
Choice in Aging	Adult Day Health Care Movement and Fall Prevention Support	Antioch; Walnut Creek	Choice in Aging supported its Adult Day Health Care by covering expenses related to staffing a physical therapist and exercise lead who led maintenance therapy, physical therapy, and fall prevention initiatives/assessments. As the only remaining licensed Adult Day Health Care facility in the East Bay, Choice in Aging delivered person-centered physical therapy, maintenance therapy, and fall prevention services to older adults and individuals

			with disabilities, providing a vital alternative to institutionalization that allowed participants to age in place with independence, dignity, and connection to their communities.
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.			

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Goodness Village	Goodness Village Behavioral Mental Health Wellness Program	Walnut Creek	Goodness Village continued to provide Behavioral Health and Wellness support through individualized care plans designed to help previously unsheltered neighbors move toward stability and recovery. The project benefited residents currently living in Goodness Village, and had a positive impact on both participants and the broader community.
Child Abuse Prevention Council of	Nurturing Parenting Program for Parents of	Walnut Creek	The Child Abuse Prevention Council contributed to the prevention and early intervention of child

Contra Costa County (CAPC)	Children with Special Needs with Integrated Mental Health Services		abuse and neglect and provided mental health support by offering the evidence-informed, culturally appropriate Nurturing Parenting Program (NPP). The lengthy curriculum allowed ample time for educators to establish trust with each parent/caregiver and allow for individual feedback and reflection.
Tri-Valley Haven for Women	Licensed Community Mental Health Counselor to Assist Abuse Survivors with Overcoming Trauma	Walnut Creek	Tri-Valley Haven supported a licensed Community Mental Health Counselor who provides individual in-person therapy and support groups to primarily low-income and underserved victims of trauma and abuse in their community. The additional therapy hours enabled community members not to have to wait to see a licensed counselor.
Rainbow Community Center	Older Adults Mental and Behavioral Health	Walnut Creek	Rainbow Community Center of Contra Costa County supported the mental and behavioral health of seniors by coordinating social wellness activities, providing HIV/STI education, and hosting community engagement events in partnership with Contra Costa Health, Gilead, and other community organizations.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Food Bank of Contra Costa and Solano	Equitable Access to Healthy Food Distribution in Contra Costa and Solano	Antioch; Walnut Creek	The Food Bank of Contra Costa supported access to healthy food by distributing fresh produce, proteins, dairy, and shelf-stable items at no cost, while also launching a new produce distribution site in an underserved community. The program aimed to improve diet-related health outcomes, reduce economic stress, and provide a meaningful step toward long-term

			equity for residents of Contra Costa and Solano Counties
Open Heart Kitchen of Livermore, Inc.	Community Meal Program: Free and healthy meals to anyone in need	Walnut Creek	Open Heart Kitchen enhanced its Community Meal Program by providing the staffing, food, and supplies necessary to offer free, nutritious meals to individuals facing food insecurity in the Tri-Valley. The project served a diverse range of community members including low-income residents, seniors, and individuals experiencing homelessness by ensuring reliable access to prepared meals in a welcoming environment. The program helped reduce food insecurity and contributed to the overall health and well-being of those it served.
White Pony Express	Food Rescue Program/Nutrition Security	Antioch; Walnut Creek	White Pony Express fostered its mission to serve vulnerable, food-insecure neighbors across the Diablo Region by recovering, curating, and delivering high-quality surplus food always free of charge and with no questions asked.
Mental Health Connections Inc.	Supported Employment for Individuals with SMI	Walnut Creek	Mental Health Connections provided employment services at Connections House for individuals living with severe and persistent mental illness, offering real on-the-job training and individualized support to help members build the skills and confidence needed to enter or re-enter the workforce or pursue post-secondary education. The program played a critical role in helping participants overcome significant barriers to employment, including histories of hospitalization, homelessness, and incarceration.
Meals on Wheels of Contra Costa, Inc.	Meals for homebound seniors	Antioch; Walnut Creek	Meals on Wheels Contra Costa supported the procurement of nutritious meals for homebound seniors who face barriers to preparing daily meals by funding meal costs from a central

			caterer, ensuring that local service providers can order and deliver meals at no cost to themselves or the clients.
18 Reasons	Nourishing Community: Food Security & Job Skills Training	Walnut Creek	18 Reasons increased food security and healthy eating habits among low-income and marginalized populations by teaching classes on how to make delicious, affordable, and healthy meals, distributing free healthy groceries to class participants, and training community members as peer health educators to deliver the classes.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Walnut Creek 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 Walnut Creek 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. Mental and behavioral health
2. Housing
3. Access to care
4. Income and employment

Mental and behavioral health

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

Housing

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

Access to care

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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
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

b. Evaluation of the Community Benefit Plan's Effectiveness

Kaiser Permanente Walnut Creek 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 Walnut Creek 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	\$ 19,681,950		\$ 19,681,950
Medi-Cal	\$ 19,455,829		\$ 19,455,829
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 39,137,779		\$ 39,137,779
Other Benefits			
Community Health Improvement Services	\$ 296,878	\$ 0	\$ 296,878
Community Benefit Operations	\$ 0	\$ 370,299	\$ 370,299
Health Professions Education	\$ 2,558,065	\$ 639,516	\$ 3,197,581
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 1,698,363	\$ 874,914	\$ 2,573,277
Cash and in-kind Contributions for Community Benefits	\$ 319,981	\$ 44,178	\$ 364,159
Other Community Benefits	\$ 0	\$ 61,261	\$ 61,261

Total Other Benefits	\$ 4,873,287	\$ 1,990,168	\$ 6,863,455
Community Benefits Spending			
Total Community Benefits*	\$ 44,011,066	\$ 1,990,168	\$ 46,001,234
Medicare (non-IRS)	\$ 165,625,978		\$ 165,625,978
Total Community Benefits with Medicare	\$ 209,637,043	\$ 1,990,168	\$ 211,627,211

*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