



Kaiser Permanente Orange County—Anaheim Medical Center  
Kaiser Permanente Orange County—Irvine Medical Center  
2025 Community Benefits Plan  
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## Table of Contents

1. Introduction .....	3
a. Kaiser Permanente’s Mission Statement .....	3
b. Definition of the Community .....	3
2. Community Health Needs Assessment (CHNA) .....	4
a. Approach to CHNA .....	4
b. Community Engagement in Development of the Plan .....	4
c. List of Prioritized Needs .....	5
d. Health Needs Identified but Not Addressed .....	6
e. Activities Taken to Address the Needs of the Community .....	7
3. 2026 Community Benefits Plan .....	17
a. 2026-2028 Implementation Strategies .....	17
b. Evaluation of the Community Benefit Plan’s Effectiveness .....	21
4. Financial Summary .....	22
a. Explanation of Methodology Used to Determine Cost .....	22
b. Community Benefits Provided in 2025 .....	22
5. Certification Statement .....	24

# 1. Introduction

## a. Kaiser Permanente's Mission Statement

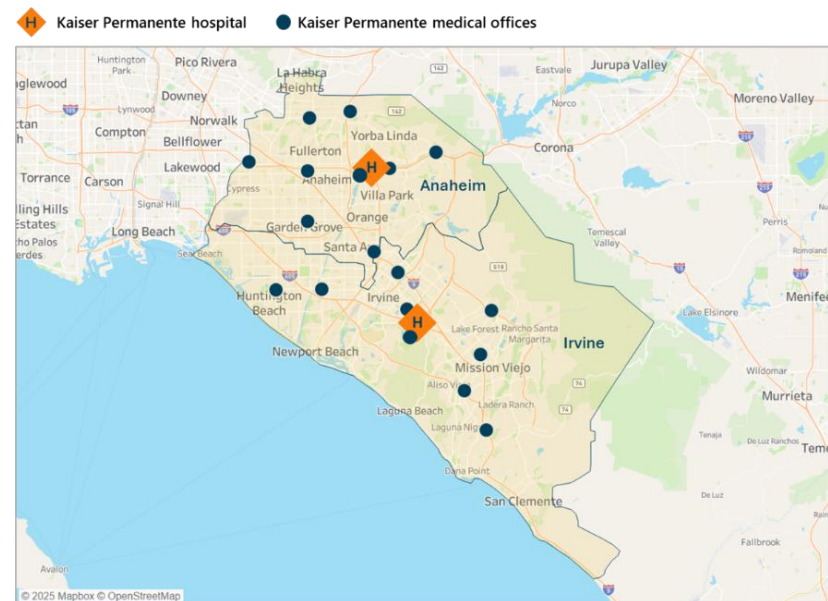
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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

Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

## b. Definition of the Community

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Orange County—Anaheim and Irvine medical centers 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 the Kaiser Permanente Orange County—Anaheim and Irvine 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 Orange County—Anaheim and Irvine 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).

Kaiser Permanente Orange County–Anaheim and Irvine medical centers participate in the Hospital Association of Southern California (HASC) and the Population Health Collaborative.

Hospitals that collaborated on the CHNA: Population Health Collaborative: CalOptima, Orange County Health Care Agency, Children’s Hospital Orange County (CHOC), Hoag Hospital, Providence-St. Joseph, University of California Irvine (UCI) Medical Center

Other organizations that collaborated on the CHNA: Public health agencies: Orange County Health Care Agency; Other organizations: University of Southern California Equity Research Institute

*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, the Kaiser Permanente Orange County–Anaheim and Irvine medical centers prioritized the following significant health needs, in priority order:

**1. Mental & behavioral health:** Mental health needs in Orange County are particularly apparent among youth and the uninsured. Uninsured individuals have higher rates of suicidal ideation and higher rates of having serious psychological issues. Teens in Orange County are more likely than other California teens to have needed help for mental and emotional issues in the last year, and this need is even greater among vulnerable populations. Improving the mental health crisis response system and improving services for younger children were among the recommended strategies for improving local mental health.

**2. Access to care:** Vulnerable populations in Orange County are more likely to be uninsured compared to the same population in California overall, and uninsured rates can vary significantly by ZIP code. In the Irvine service area, access to care is geographically associated with communities in which a larger proportion of diverse communities live: The increased use of telehealth since the start of the COVID-19 pandemic has improved access to care in some ways but can be difficult to navigate for some populations. The importance of cross-service collaboration was also highlighted as key to improving overall access to care.

**3. Income & employment:** Inequities of income and employment in Orange County tend to be associated with geographic patterns of de facto racial segregation. In vulnerable populations unemployment rates tend to be higher and median incomes lower. As one key informant noted, the high costs of living impacts people more, so there is less money for health care and other things. Orange County is an expensive place to be poor. Overall, many employees who work in Orange County tend to have long commutes, as they are forced to live far from their workplace where housing is more affordable. In addition, the lack of affordable childcare (for working parents) was also identified as a key concern for Orange County.

**4. Housing:** Rent and mortgage costs are very high in Orange County. In addition, higher rates of overcrowded housing and lower home ownership rates tend to be associated with geographic areas that have a higher percentage of vulnerable populations. The high cost of housing was attributed to an overall housing shortage, high development costs, and opposition to affordable housing projects from existing property owners. The cost of housing has made it difficult for younger individuals and newer families to afford local housing, and many are forced to move out of the area.

**5. Food insecurity:** Some areas within Orange County have very high rates of students eligible for free and reduced-price lunches, including Santa Ana, Anaheim, Costa Mesa, and Garden Grove. In addition, Orange County teens consume much fewer servings of fruits and vegetables, and more fast food, than California teens in general. Streamlining the administrative process for Cal Fresh enrollment, as well as further tailoring supportive food programs to individuals' nutritional profiles, especially for older individuals, were recommended as local improvements.

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

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

Reasons Education was not selected:

- This need is incorporated into other needs selected
- Aspects of this need will be addressed in strategies for other needs

*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 the Kaiser Permanente Orange County–Anaheim and Irvine 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 SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF managed funds are not included in the financial totals for 2025.

<b>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>
Project Kinship	Mental Health & Wellness for Kinship Youth Center	Anaheim_Irvine	Project Kinship expanded after-school social-emotional development programming for at-risk youth ages 13 to 18 at its Kinship Youth Center in Orange County, providing safe drop-in spaces and wraparound services during the critical after-school hours when youth are most vulnerable to gang involvement, violence, and incarceration in a county where felony juvenile arrests rose sharply over the preceding decade.
Wellness & Prevention Foundation	Youth Mentorship allcove San Juan Capistrano	Anaheim_Irvine	Wellness and Prevention Foundation's allcove San Juan Capistrano program employed a certified Peer Support Specialist to mentor its

			Youth Advisory Group, empowering young people ages 16 to 25 to educate their peers, co-design mental health programming, and serve as community leaders in building accessible, youth-centered behavioral health services in Southern Orange County.
Public Health Institute	Cypress Resilience Project: Learning Community and Support for CA Youth Mental Health Initiative Grantees, NCAL Grant split with SCAL	All Licensed Hospitals	Cypress Resilience Project strengthened the organizational capacity and staff well-being of Kaiser's California Youth Mental Health Initiative grantees by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management coaching to leaders navigating vicarious trauma and burnout, ensuring that frontline organizations serving young people had the resilience, skills, and peer support needed to sustain and deepen their impact.
Access California Services	Mental Health Services Program	Anaheim_Irvine	Access California Services sustained its Mental Health Services Program for underserved individuals and families in Orange County by providing culturally responsive counseling sessions and mental health workshops that reduced stigma, addressed emotional distress, and promoted healing and stability for low to moderate income community members who face multiple barriers to accessing care including cultural stigma, lack of insurance, and limited provider availability.
Human Options, Inc.	Mental Health Services for Survivors of Relationship Violence	Anaheim_Irvine	Human Options provided trauma-informed individual and group counseling to survivors of relationship violence and their children in Southern California's Irvine service area, addressing the significant mental health needs of domestic violence survivors in a region where uninsured residents report markedly

			higher rates of suicidal ideation and youth of color face disproportionate mental health disparities.
Orangewood Foundation	Mental Health Support for Transitional-Aged Youth	Anaheim_Irvine	Orangewood Foundation expanded mental health programming for transitional-aged youth ages 16 to 24 in Orange County by funding therapy sessions with licensed providers, youth support services, and wraparound case management, addressing the disproportionately high rates of homelessness, trauma, and mental health challenges facing young people who have aged out of foster care or lack stable housing in a county where youth homelessness rose sharply in recent years.

<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>
Community Health Initiative of Orange County	Southern California Community Health Outreach	Anaheim_Irvine; Fontana_Ontario; Kern; Moreno Valley; Riverside; San Diego; San Marcos	Community Health Initiative of Orange County supported the expansion of the CHCP Enrollment Program by providing outreach, education, and direct navigation assistance, as well as managing the work of up to six subcontractors. The program provided leadership, staff training, practical assistance, and curriculum as needed—to implement similar strategies in San Diego, Kern, San Bernardino, and Riverside counties.
Coalition of Orange County Community Clinics	Expanding Capacity through Care and Coverage Outreach, Medication Assisted Treatment Outreach, Education, and workforce	Anaheim_Irvine	This capacity-building grant strengthened care and coverage outreach, expanded medication-assisted treatment outreach and education, and enhanced clinic capacity through workforce training and education.

The California Health Care Safety-Net Institute	Safety Net Organizational Capacity Building	All Licensed Hospitals	The California Health Care Safety Net Institute supported efforts to strengthen public health care systems by providing peer learning, technical assistance, expert access, and collaboration with the Department of Health Care Services, while also building its internal capacity to collect and analyze system data through the development of a data warehouse.
California School-Based Health Alliance	Expanding Capacity of School-Based Health & Wellness Centers Through California, NCAL - Grants splits with SCAL	All Licensed Hospitals	California School-Based Health Alliance strengthened the capacity of Local Education Agencies and community-based health organizations to deliver health and mental health services in California schools by providing training, technical assistance, and regional coalition support, expanding school-based health and wellness centers in areas of greatest need while centering youth voice through peer-led health advocacy convenings.
Tides Center	Advancing Health Access and Coverage	All Licensed Hospitals	Latino Coalition for a Healthy California's Pasa La Voz program activated trusted community networks across California to connect Latine communities with safety net resources through monthly bilingual Charlas covering Medi-Cal, CalFresh, mental health, and other essential programs, building health literacy and systems navigation skills among community members who face significant barriers to accessing social services.
<p><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.</p>			
<p><b>Community Health Coverage Program (CHCP)</b></p>			

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

			diverse-owned businesses to access hospital supply chains and driving economic investment in vulnerable populations.
Goodwill Industries of Orange County	Workforce Development Program	Anaheim_Irvine	Goodwill Industries of Orange County expanded workforce development services for residents with barriers to employment in the Irvine service area by delivering career skills training, on-the-job experience, and work readiness programming, creating pathways to family-sustaining wages for individuals including those with disabilities and veterans who face disproportionate rates of unemployment and economic instability.
High School Inc Academies Foundation	Empowering the Workforce of Tomorrow to Promote Economic Opportunity and Improve Health Outcomes	Anaheim_Irvine	High School Inc. Academies Foundation advanced college and career readiness for students from divested communities in Anaheim and Santa Ana by integrating industry-specific technologies, internships, mentorship, and wraparound support services that help young people from underrepresented backgrounds achieve their educational and career goals and build pathways to long-term economic opportunity and improved health outcomes.
Unidos South OC, Inc.	Neighborhood-Based Health Navigation	Anaheim_Irvine	Unidos South OC expanded resource navigation services for low-income residents of San Juan Capistrano facing linguistic, cultural, and awareness barriers to healthcare by conducting targeted outreach campaigns, utilizing accessible digital tools, and building partnerships with local healthcare providers to connect underserved community members to the health and social services they need.
Delhi Center	Delhi Neighborhood Workforce Development	Anaheim_Irvine	Delhi Center advanced economic opportunity and community health in the environmentally burdened Delhi neighborhood of Santa Ana by providing employment case management, small

			business development support, and experiential learning opportunities in partnership with local nonprofits, addressing the compounding effects of historical land injustice, environmental health risks, and socioeconomic barriers that contribute to elevated rates of chronic disease and limited economic mobility.
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<b>Housing</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
National Health Care for the Homeless Council	Strengthening Recuperative Care services in Southern CA through knowledge sharing, policy changes, and care transitions	All Licensed Hospitals	The National Institute for Medical Respite Care, a program of the National Health Care for the Homeless Council, provided Recuperative Care services in Southern California by expanding the L.A. Recuperative Care Learning Network to surrounding counties, implementing caregiving support needs, and building partnerships to integrate skilled nursing facilities and short-term post-hospitalization housing into the care continuum.
Illumination Health Home	Illumination NIMRC Certification for Strengthening Medical Respite Care	Anaheim_Irvine; Riverside	Illumination Health and Home strengthened the quality and standards of its recuperative care and medical respite services for people experiencing homelessness in Southern California by pursuing NIMRC certification, ensuring its programs aligned with nationally recognized best practices and improved outcomes for individuals who lack safe, supportive environments to recover following hospitalization or illness.
OneOC	OC Affordable Housing Access Platform (AHAP)	Anaheim_Irvine	People for Housing OC developed the Affordable Housing Access Platform, a centralized one-stop digital resource connecting low-income renters in Orange County to

			affordable housing opportunities, addressing the confusion and inequity created by the absence of a unified system for navigating affordable housing information in a county where language barriers, low incomes, and systemic challenges disproportionately burden those most in need of stable housing.
Orange County's United Way	United to End Homelessness: Housing for health through housing navigation, stabilization, diversion, and prevention.	Anaheim_Irvine	Orange County United Way advanced housing stability for vulnerable residents through its United to End Homelessness initiative by providing housing navigation, stabilization, diversion, and prevention services including landlord incentives, security deposits, rental arrears assistance, and working to ensure that all Orange County residents have access to safe, permanent housing.
The Kennedy Commission	Increasing Affordable Housing Opportunities For Orange County's Low Income Families	Anaheim_Irvine	Kennedy Commission advanced affordable housing for extremely low-income working families in Orange County through Housing Element planning, land-use advocacy, and affordable housing development initiatives, creating systemic change that increases the availability of healthy housing options for those earning under \$30,000 annually and provides alternatives to homelessness for residents facing economic insecurity and high housing costs.
Public Law Center	Eviction Defense Clinic	All Licensed Hospitals	Public Law Center reduced preventable evictions for low-income and marginalized tenants across Orange County by providing free legal assistance through its Eviction Defense Clinic, helping clients prepare responses to unlawful detainer complaints, navigate court processes, and access counsel for trial preparation and settlement negotiations, ensuring that vulnerable residents including

			minorities, veterans, older adults, domestic violence survivors, and people with disabilities had the legal support needed to maintain housing stability and avoid homelessness.
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<b>Food Insecurity</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Second Harvest Food Bank of Orange County	Increased Food Access and Distribution During SNAP Crisis and lingering effects on charitable food system	Anaheim_Irvine	Second Harvest supported costs of responding to the government shutdown and SNAP delays by funding federal food shipments (TEFAP) lost for January and February and fuel costs, for additional food pickups and deliveries and rented trucks. This initiative benefited families, children and seniors throughout Orange County experiencing hunger.
Community Seniorserv Inc.	Meals on Wheels Orange County Medically Tailored Meals (MTM) Program and Senior Nutrition Program (SNP)	Anaheim_Irvine	Meals on Wheels Orange County's Medically Tailored Meals and Senior Nutrition Program delivered personalized meals, nutrition education, and daily nutrition support to food insecure older adults across Orange County, addressing the disproportionate risk of malnutrition among seniors as rising costs of living, inflation, and reductions in government assistance programs leave a growing number of older adults vulnerable to diet-related illness and hospitalization.
Food Forward	Increasing Access to Healthy Food in Southern California	All Licensed Hospitals	Food Forward increased community access to fresh fruits and vegetables by investing in and optimizing workflows and transportation to accommodate larger volumes of recovered produce and implementing new feedback collection systems for partner organizations to enhance our produce distribution. The project

			benefited those experiencing food insecurity in Los Angeles County.
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### 3. 2026 Community Benefits Plan

#### a. 2026-2028 Implementation Strategies

The Kaiser Permanente Orange County–Anaheim and Irvine 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 Orange County–Anaheim and Irvine 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. Housing
2. Access to care
3. Mental and behavioral health
4. Income and employment
5. Food and nutrition security

## Anaheim & Irvine

### Housing

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

### 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>• <b>Resources:</b> Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state</li> </ul>

		public health departments, community organizations, and safety net clinics
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• <b>Planned collaboration:</b> National organizations, community organizations, and safety net providers</li> </ul>
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources:</b> Charitable contributions, and technical assistance</li> <li>• <b>Planned collaboration:</b> Government agencies, including local and state public health departments, community organizations, schools and school districts, and other hospitals</li> </ul>

### Mental and behavioral health

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

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

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

### Food and nutrition security

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

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

Kaiser Permanente Orange County–Anaheim and Irvine medical centers 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 Orange County–Anaheim and Irvine 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	\$ 28,120,310		\$ 28,120,310
Medi-Cal	\$ 53,531,450		\$ 53,531,450
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 81,651,760		\$ 81,651,760
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 270,297	\$ 170,166	\$ 440,463
Community Benefit Operations	\$ 0	\$ 712,616	\$ 712,616
Health Professions Education	\$ 4,075,101	\$ 1,018,775	\$ 5,093,876
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 616,235	\$ 317,455	\$ 933,690
Cash and in-kind Contributions for Community Benefits	\$ 3,125,601	\$ 105,475	\$ 3,231,077
Other Community Benefits	\$ 0	\$ 36,045	\$ 36,045

<b>Total Other Benefits</b>	<b>\$ 8,087,234</b>	<b>\$ 2,360,532</b>	<b>\$ 10,447,767</b>
<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	<b>\$ 89,738,994</b>	<b>\$ 2,360,532</b>	<b>\$ 92,099,527</b>
Medicare (non-IRS)	\$ 147,089,766		<b>\$ 147,089,766</b>
<b>Total Community Benefits with Medicare</b>	<b>\$ 236,828,760</b>	<b>\$ 2,360,532</b>	<b>\$ 239,189,293</b>

\*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

## 5. Certification Statement

Kaiser Permanente leadership reviewed and attested to the validity of the hospital Community Benefit Plan. The data and information reported is true, correct, and completed as required by Health and Safety Code sections 127340-127360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of the California Code of Regulations requiring all non-profit hospitals report on the community benefits they provide.

- John Yamamoto, VP, Community Health & Benefit, Government Relations, & Community Engagement
- Michelle Gaskill-Hames, Regional President