



## Kaiser Permanente Fremont Medical Center

2025 Community Benefits Plan

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# 1. Introduction

## a. Kaiser Permanente's Mission Statement

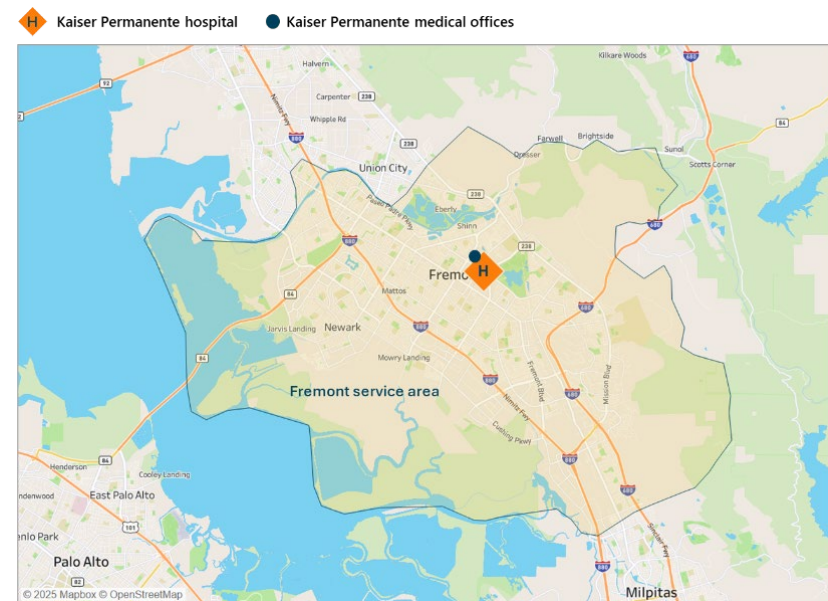
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Fremont 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 Fremont 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 Fremont 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 Fremont Medical Center participates in an Alameda County CHNA collaboration.

Hospitals that collaborated on the CHNA: University of California — San Francisco Benioff Children's Hospital, Washington Health, Sutter Eden Medical Center, Stanford St. Rose Hospital, Kaiser Permanente Walnut Creek Medical Center, Kaiser Permanente Oakland Medical Center, Kaiser Permanente San Leandro Medical Center

Other organizations that collaborated on the CHNA: Public health agencies: Alameda County Public 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 Fremont 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. Though the Fremont service area experiences low rates of uninsured residents, other measures highlight access to care barriers for maternal care and the impact of the COVID-19 pandemic for certain groups. Across 2016 to 2020, premature birth rates as a percentage of all live births were higher for vulnerable populations, compared with the Fremont service area overall. Key informants noted the high costs of health care as a barrier to accessing care in the Fremont service area.

**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. The number of mental health providers based on population size is an asset for Alameda County, which contains the Fremont service area, which is higher than the state of California and the nation. Deaths of despair—those due to suicide drug overdose, and alcoholism—are also lower than the state and Alameda County as a whole. Disparities exist among vulnerable populations within the Fremont service area where they have a higher rate of deaths of despair than the service area in general and the county. Key informants described that the need for mental health has

significantly increased due to the COVID-19 pandemic, especially as older adults and youth were lonely and isolated during the stay-at-home orders.

**3. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. The Fremont service area benefits from higher employment rates and higher median income levels than the state of California, along with lower rates of poverty. However, access to jobs, as measured by the 'job proximity index', for the Fremont service area is worse than Alameda County and the state of California. Some neighborhoods within the Fremont service area experience higher rates of students eligible for free and reduced-price lunch, highlighting greater need for income support. Key informants reported there are few jobs available that enable residents to afford the high cost of living in the Fremont service area, suggesting residents need advanced degrees or specific skills to earn a livable wage. According to informants, the residents most affected by income disparities in the Fremont service area — as noted by key informants — vulnerable populations.

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

The significant health need identified in the 2022 CHNA that Kaiser Permanente Fremont Medical Center does not plan to address is Housing.

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

*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 Fremont Medical Center addressed during the 2023-2025 Implementation Strategy period.

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. Additionally, Kaiser Permanente NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds are not included in the financial totals for 2025.

<b>Income &amp; Employment</b>			
<b>Name of Community Partner</b>	<b>Title of Grant/Partnership</b>	<b>Service Areas Impacted</b>	<b>Description</b>
Serra Residential Center Inc	Serra Center's Workforce Development Program	Fremont	Serra Center's Workforce Development Program expanded the pipeline of healthcare workers serving adults with developmental disabilities in the Tri-City area by building cross-sector partnerships with Fremont Unified School District's ROP, Alameda Behavioral Health, Unitek College, and Ohlone College, connecting client talents with potential employers and raising community awareness to address the critical staffing shortage affecting the developmentally disabled community.
Centro de Servicios of Alameda County	Centro de Bienestar	Fremont	Centro de Servicios of Alameda County advanced health equity for underserved communities by addressing key social determinants of health through job and education pathway case management, access

			to nutritious food, essential supplies, and enrollment assistance for healthcare and public benefits, removing barriers to economic stability and opportunity for individuals and families facing the greatest need.
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<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>
Mujeres Unidas y Activas	Sanando El Alma (Healing the Soul)	Fremont	Mujeres Unidas y Activas delivered peer-led support groups and drop-in and phone-based peer counseling to low-income women in South Alameda County, addressing the stigma, social isolation, and systemic barriers that prevent marginalized women, including many experiencing or recovering from domestic violence, from accessing traditional mental health services.
Kidango	Kidango Early Childhood Mental Health Consultation Services for Children 0-5 Years from Lower Resourced Households.	Fremont	Kidango embedded specially trained mental health consultants across its child development centers in the Greater Southern Alameda Area, delivering classroom observations, real-time coaching, and trauma-informed support to teachers and families, strengthening the social-emotional climate of early learning environments and building caregiver capacity to support the well-being of young children ages zero to five from low-income households.
Safe Alternatives to Violent Environments	Crisis Response Services	Fremont	As the only domestic violence program in Southern Alameda County offering comprehensive 24/7 crisis response, SAVE delivered round-the-clock counseling, safety planning, emergency shelter, legal assistance, and essential resources to survivors of intimate partner violence and their children, ensuring

			that the region's most vulnerable residents had access to immediate safety and wraparound support when they needed it most.
Narika	Narika HEAL Program: Providing Trauma-Informed Mental Health Care for Survivors of Domestic Violence	Fremont	Narika's HEAL Program delivered daily healing support groups, psycho-education, peer-led sessions, and creative arts therapies to domestic violence survivors from South Asian and immigrant communities, breaking through the cultural, linguistic, and economic barriers that prevent marginalized women from accessing traditional mental health services and fostering resilience, community connection, and long-term well-being.
Afghan Coalition	Mental Health Services for Victims of Domestic Violence and Trauma	Fremont	Afghan Coalition delivered culturally responsive mental health services, support groups, and family wellness workshops to Afghan and immigrant women and children in Southern Alameda County who experienced domestic violence, removing cultural and linguistic barriers to care while honoring community strengths and traditions to support healing and well-being.
Bay Area South Asian Network of Therapists	Mental Health Workshops for Teens and Parents	Fremont	Bay Area South Asian Network of Therapists strengthened its organizational capacity to deliver culturally responsive mental health programming by securing essential insurance coverage, maintaining digital infrastructure, supporting intern stipends, and covering venue and outreach materials costs that enable the organization to expand its reach and connect communities with accessible, culturally affirming mental health resources.

<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>
Bay Area Community Health	Street Medicine – Connection to Comprehensive Healthcare	Fremont	BACH's Street Medicine program brought mobile medical care directly to unhoused and housing insecure individuals in Fremont and Newark, delivering on-site treatment, essential supplies, and benefit enrollment assistance while connecting patients to comprehensive clinic-based services through a closed-loop referral system, transportation support, and ongoing care coordination that addressed urgent medical needs and created pathways to long-term health stability for some of the region's most vulnerable residents.
<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>  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.</p>			
<p><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.</p>			

### 3. 2026 Community Benefits Plan

#### a. 2026-2028 Implementation Strategies

Kaiser Permanente Fremont 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 Fremont 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. Access to care
3. Housing
4. Community Safety
5. Income and employment

#### Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
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>

## 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>

## 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>• 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 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>

## Community safety

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"> <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>

## Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> <li>• Decrease health care workforce shortages</li> <li>• Improve cultural competency</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs</li> <li>• Planned collaboration: National organizations, community organizations, and safety net providers</li> </ul>
<p>Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.</p>	<ul style="list-style-type: none"> <li>• Improve access to and quality of resources provided by community organizations providing social care</li> <li>• Improve health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Resources: Charitable contributions</li> <li>• Planned collaboration: Food banks and pantries, community organizations, and government agencies</li> </ul>
<p>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>

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

Kaiser Permanente Fremont 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 Fremont Medical Center Community Benefits Provided in 2025

This report outlines the hospital's net community benefit expenditures categorized into the following framework: medical care services, other services for vulnerable populations, other services for the broader community, and health research, education and training programs. Kaiser Permanente generates a range of nonquantifiable benefits, including community engagement through volunteerism, environmental stewardship, supplier diversity, and partnerships with community organizations, municipal leaders, and public health champions that address community needs.

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>Vulnerable Population</b>	<b>Broader Community</b>	<b>Total</b>
Traditional Charity Care	\$ 12,152,118		\$ 12,152,118
Medi-Cal	\$ 11,445,992		\$ 11,445,992
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	\$ 23,598,110		\$ 23,598,110
<b>Other Benefits</b>			
Community Health Improvement Services	\$ 28,274	\$ 0	\$ 28,274
Community Benefit Operations	\$ 0	\$ 132,513	\$ 132,513
Health Professions Education	\$ 1,161,007	\$ 290,252	\$ 1,451,259
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 607,767	\$ 313,092	\$ 920,859
Cash and in-kind Contributions for Community Benefits	\$ 210,204	\$ 61,165	\$ 271,369
Other Community Benefits	\$ 0	\$ 21,922	\$ 21,922
<b>Total Other Benefits</b>	\$ 2,007,252	\$ 818,945	\$ 2,826,196

<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	\$ 25,605,362	\$ 818,945	\$ 26,424,306
<b>Medicare (non-IRS)</b>	\$ 59,926,893		\$ 59,926,893
<b>Total Community Benefits with Medicare</b>	\$ 85,532,255	\$ 818,945	\$ 86,351,200

\*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