



Kaiser Permanente San Marcos Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

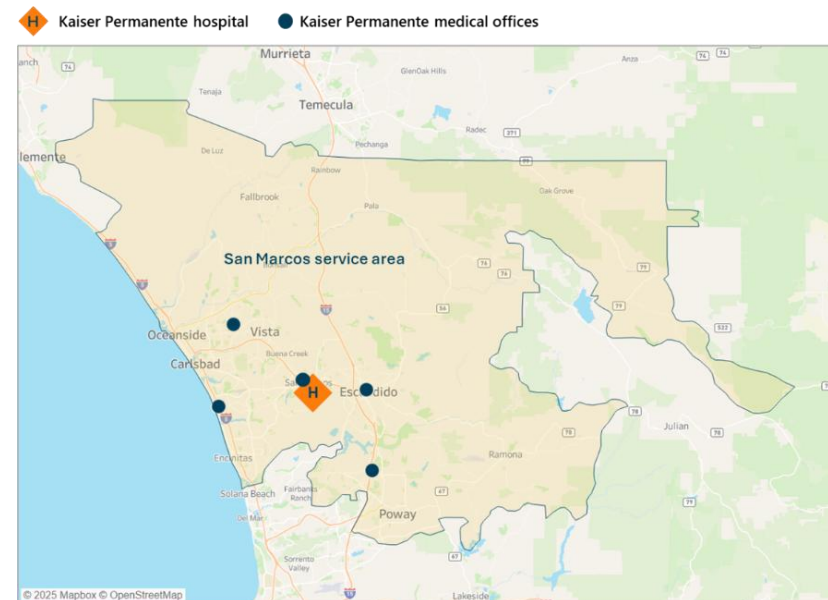
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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

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

b. Definition of the Community

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente San Marcos Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.



2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente San Marcos Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by Kaiser Permanente's commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level quantitative data and input from those who represent the broad interests of the community. We prioritize health equity in our CHNA process — including the data collection and analysis stages — and we are committed to gathering community perspectives on the impact of social health factors and health disparities. To meet this commitment, we engage with other hospitals, public health, and community organizations committed to advancing health for vulnerable populations.

To view or download the Kaiser Permanente San Marcos Medical Center CHNA report and three-year Implementation Strategy (IS), please refer to Kaiser Permanente Community Health Needs Assessments (<https://www.kp.org/chna>). The IS also will be filed with the Internal Revenue Service using Form 990, Schedule H.3.

b. Community Engagement in Development of the Plan

Kaiser Permanente's approach to CHNA prioritizes collecting qualitative data primarily through key informant interviews with individuals representing the broad interests of the community, including expertise in public health and knowledge about challenges affecting those disadvantaged by their social or economic status, geographic location, and environment. The key informant selection process aims to represent a range of community voices across all populations in that community, especially vulnerable populations. In the most recent CHNA process key informants included leaders from organizations representing local, state, and/or tribal public health, key sectors engaged in solutions (e.g., housing, economic opportunity), and those serving specific communities (e.g., people with disabilities, people who are unhoused).

As part of the CHNA process, Kaiser Permanente considers both quantitative and qualitative data to inform the prioritization of health needs for a community. Community voice through qualitative data is weighed highly in the prioritization process, above quantitative measures. In addition, Kaiser Permanente is committed to partnering with hospitals, local and tribal public health agencies, and community organizations to understand needs and advance health and health equity in the communities we serve.

Kaiser Permanente also developed a free, web-based data platform that provides access to a core set of 85 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants

of health. The public is able to view and download information from the [Community Health data platform \(https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere\)](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente San Marcos Medical Center is a member of and shares data with the Hospital Association of San Diego and Imperial Counties.

Hospitals that collaborated on the CHNA: Kaiser Permanente San Diego Medical Center, Kaiser Permanente Zion Medical Center

Other organizations that collaborated on the CHNA: Public health agencies: County of San Diego Health and Human Services Agency; Other organizations: Hospital Association of San Diego and Imperial Counties

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente San Marcos Medical Center prioritized the following significant health needs, in priority order:

1. **Access to care:** In the San Marcos service area, a smaller percent of the population is enrolled in Medicaid or public insurance compared to the state and there is a slightly higher percentage of uninsured children than the state average. There are also geographical and racial disparities in access to care. There are several communities in the San Marcos service area where over half the population is from diverse backgrounds and uninsurance rates are comparatively high. Community representatives share that many residents may delay or avoid accessing care because of high costs. Given the proximity of San Diego County to Mexico, individuals often seek more affordable care across the border.
2. **Income & employment:** In the San Marcos service area, the unemployment rate in 2020 was 14 percent, which was higher than the national average. There are also racial disparities in unemployment. Residents from diverse backgrounds report the lowest percentage of employment at 53 percent compared to other communities. Interviewed community representatives also emphasized the impact of the COVID-19 pandemic. Many people lost their main sources of income through company shutdowns or layoffs. Previous layoffs have now lent themselves to staffing shortages as businesses begin to reopen.

3. **Housing:** Access to affordable housing is a widespread issue across San Diego County. The average monthly cost of rent in San Diego County is \$1,822, higher than the average cost of rent in the state (\$1,689). The housing cost burden is also significantly greater for residents from diverse backgrounds with nearly 60 percent of both populations experiencing high rent cost burden. Furthermore, interviewed community representatives shared that housing is becoming an even larger issue as there is a visible increase in the number of people experiencing homelessness in north San Diego County. Community representatives also expressed that the COVID-19 pandemic has exacerbated housing concerns. Individuals have less income to pay rent and there is an increase in the number of individuals experiencing homelessness. Young adults in particular struggle with accessing housing as many do not have sufficient credit history, credit score, or rental history needed to obtain housing. Community representatives shared the importance of coordination among community-based organizations to support individuals who are housing insecure.
4. **Food insecurity:** Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Diego County, around 10 percent of residents experience food insecurity. According to a San Diego Community Information Exchange survey, one in three clients is concerned about not having enough to eat in the future, which is a 23 percent increase from 2020. Furthermore, vulnerable populations are disproportionately food insecure. The onset of the COVID-19 pandemic exacerbated food insecurity for many communities despite an increase in food donations. Interviewed community leaders shared that donated food boxes are often a one-size-fits-all package that can lack utensils to support food preparation, which is a gap as nearly a quarter of low-income kitchens lack basic cooking equipment. Interviewed community leaders shared that the process for residents to obtain food donations is cumbersome as there are long lines and limited guidance on where to find support.
5. **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. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Diego County generally performs better than state and national averages. However, there are continuous barriers to accessing mental and behavioral health services. Interviewed community representatives reported that the mental and behavioral health workforce has dwindled significantly during the COVID-19 pandemic due to staff burnout. Furthermore, vulnerable populations have limited options to find culturally competent mental health services that have experience addressing history of discrimination and understand the historical trauma that vulnerable populations experience. The onset of COVID-19 has been impactful in residents' mental and behavioral health, especially for youth.

6. **Education:** Overall, the San Marcos service area has a greater percentage of people who have attended some college compared to state and national averages. Similarly, there are comparatively more children enrolled in preschool in the San Marcos service area. However, there are gaps in education that are largely related to the demographics of the residents. For example, there is limited racial and ethnic diversity among educational staff in San Diego schools. Furthermore, communities in San Diego County with a higher percentage of vulnerable populations with higher dropout rates. Additionally, COVID-19 has introduced a new challenge with schools shifting classes to online platforms. Students reported competing priorities such as doing homework and caring for siblings that contributed to turning in late assignments and increased stress.

d. Health Needs Identified but Not Addressed

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

Kaiser Permanente San Marcos Medical Center addressed all of the significant needs identified in the 2023 CHNA.

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

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente San Marcos 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 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.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
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 expanded health coverage access for low-income residents across Southern California by providing direct enrollment assistance, care coordination, retention support, and community outreach through its proven model, helping vulnerable individuals navigate the fragmented healthcare system, maintain Medi-Cal coverage amid significant policy changes, and connect to wraparound social services through a network of subcontractors serving Orange, San Diego, Kern, San Bernardino, and Riverside counties.
Community Clinics Health Network	Safety Net Organizational Capacity Building	San Diego; San Marcos	Health Quality Partners strengthened the engagement and organizational capacity of member community health centers by providing targeted training, policy education, technical assistance, and peer collaboration opportunities, enabling safety net health providers to improve care coordination, emergency preparedness, and access to specialized resources for the vulnerable populations they serve.
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 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>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.</p>			
<p>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.</p>			
<p>Medical Financial Assistance (MFA)</p>			

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.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
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.
San Diego Regional Economic Development Foundation	Anchor Institution Collaborative: Big Buyers have big impacts on Small Businesses	San Diego; San Marcos	San Diego Regional Economic Development Corporation advanced economic equity and opportunity for small and diverse businesses in San Diego by elevating the collective purchasing power of the region's anchor institutions, fostering collaboration between hospitals, universities, public agencies, and local businesses, and measuring the economic impact of inclusive procurement strategies that create pathways to growth for businesses that have historically faced systemic barriers.
San Diego Food System Alliance	Small Business Support in San Diego	San Diego; San Marcos	San Diego Food System Alliance's Local Food Economy Lab strengthened small-scale farms, food businesses, and fisheries in the San Diego

			region by providing one-on-one business coaching, group education, and capital access technical assistance, supporting the local food economy and vulnerable populations who face the most persistent barriers to sustaining livelihoods within the industrialized food system.
MiraCosta College Foundation	Small Business Support in San Diego	San Diego; San Marcos	MiraCosta College Foundation's Veterans Business Outreach Center supported veteran entrepreneurs across San Diego and Imperial Counties by hosting Small Biz Micro-Expos that fostered community, camaraderie, and business connections among veterans who face persistent barriers to entrepreneurship including limited access to capital, mentors, and culturally relevant business support.
Civic Community Partners	Building Business Success 2026	San Diego; San Marcos	Civic Community Partners' Building Business Success Program empowered disadvantaged and low-to-moderate income small business owners in San Diego through procurement training, access to capital, and small business community organizing, equipping entrepreneurs from underserved communities with the advanced knowledge, certifications, and lending resources needed to compete for government and anchor institution contracts.
Veterans In Business Network	San Diego Connections Webinar Series and Conference Scholarships	San Diego; San Marcos	Veterans In Business Network supported small business growth and entrepreneurship for San Diego-based veteran business owners by creating a webinar series that built direct connections between small businesses and corporations and government agencies, while covering registration costs for veteran entrepreneurs to attend a premier national procurement conference and expand their access to contracting opportunities.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
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	National Institute for Medical Respite Care strengthened the recuperative care system across Southern California by expanding the L.A. Recuperative Care Learning Network to four surrounding counties, developing standardized protocols for integrating ADL assistance into recuperative care programs, advocating for state policy alignment, and building referral networks with skilled nursing facilities and short-term post-hospitalization housing, creating a more cohesive and equitable continuum of care for unhoused patients transitioning out of hospitals.
Interfaith Community Services, Inc.	Medical Respite Expansion at the Abraham and Lillian Turk Recuperative Care Center	San Marcos	Interfaith Community Services expanded medical respite services at its Recuperative Care Center in San Diego County by providing residential post-acute care and wraparound coordination services for homeless patients, addressing the growing need for recuperative care capacity driven by a rising homeless population and an increasing number of hospital admissions among people experiencing homelessness.
Catalyst of San Diego & Imperial Counties	Funders Together to End Homelessness San Diego	San Diego; San Marcos	Funders Together to End Homelessness San Diego, a Catalyst collaborative, advanced systemic solutions to homelessness in San Diego County by aligning funder resources around housing opportunities, public education, housing justice, data quality, and regional planning, working to reduce the over 29,000 individuals in the homeless system through coordinated investment and evidence-based advocacy.

Food Insecurity			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Feeding America	Healthy Food, Healthy Futures: Increasing Access to Fresh Produce, Protein, and Dairy, PO - Grants splits with	Anaheim_Irvine; Baldwin Park; Downey; Kern; Los Angeles; Moreno Valley; Panorama City; Riverside; San Diego; San Marcos; South Bay; West Los Angeles; Woodland Hills	Feeding America expanded equitable access to nutrient-rich foods for families facing hunger across its national network of partner food banks by deepening agricultural partnerships, strengthening sustainable fresh food procurement models, maximizing federal program coordination, and leveraging 11 regional cooperatives to ensure that fresh produce, dairy, and protein reach the communities with the greatest nutrition gaps and health disparities at a time when food insecurity has reached its highest level in nearly a decade.
Mama's Kitchen	Medically Tailored Meals Program for Individuals with Diet-Related Illnesses	San Diego; San Marcos	Mama's Kitchen responded to the urgent community need for nutrition support by increasing access to medically tailored meals for uninsured, low-income individuals. The program enhanced referral pathways with Federally Qualified Health Center partners and expanded staff capacity to connect clients to food and nutrition services, benefiting low-income, uninsured San Diego residents living with type 2 diabetes, hypertension, and heart disease.

Education			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
The San Marcos Promise	Focused Futures	San Marcos	Project Next supported underserved high school juniors and seniors in Escondido, San Marcos, and Oceanside in transitioning confidently into postsecondary education, job training, or full-time employment through mentoring, upskilling, and experiential activities, addressing the guidance and exposure gap that leaves many students from low-income households without a clear path forward despite the talent and ambition they bring.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente San Marcos Medical Center has developed an implementation strategy (IS) for the priority needs it will address over the next three years 2026-2028, considering both Kaiser Permanente’s and the community’s assets and resources.

Kaiser Permanente San Marcos Medical Center Community Health has identified the strategic focus, strategies, and expected impact for each priority health need, described in the tables below. While we recognize that IS strategies can address multiple health needs, each strategy is associated with the needs where we expect to see the greatest impact. Included with each strategy are expected outcomes and examples of available Kaiser Permanente resources and planned collaborations.

1. Access to care
2. Mental and behavioral health
3. Housing
4. Income and employment
5. Chronic disease and disability

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>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</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

enhancing coordination between community and health care.		organizations, schools and school districts, and other hospitals
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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"> • 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
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
Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.	<ul style="list-style-type: none"> • 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
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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

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
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<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>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"> • 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
<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

Chronic disease and disability

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"> • 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
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 San Marcos Medical Center will monitor and evaluate the strategies listed above to assess progress and document the impact of those strategies on expected outcomes. Evaluation of the impact includes monitoring grantee progress (how many people were reached) and measuring short and intermediate term outcomes (e.g., what was the impact on the individuals served). Additionally, for each prioritized health need, the number of grants made, the number of dollars invested, and the number of community-based organizations supported are tracked.

In addition to the strategies developed as part of the CHNA and three-year IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We also conduct high-quality health research and disseminate findings intended to contribute to the literature by enhancing understanding of the impact of interventions designed to improve health outcomes.

4. Financial Summary

a. Explanation of Methodology Used to Determine Cost

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

b. Kaiser Permanente San Marcos 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	\$ 10,299,533		\$ 10,299,533
Medi-Cal	\$ 17,235,591		\$ 17,235,591
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 27,535,124		\$ 27,535,124
Other Benefits			
Community Health Improvement Services	\$ 13,658	\$ 53,224	\$ 66,882
Community Benefit Operations	\$ 0	\$ 221,786	\$ 221,786
Health Professions Education	\$ 221,143	\$ 55,286	\$ 276,429
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 192,735	\$ 99,289	\$ 292,024
Cash and in-kind Contributions for Community Benefits	\$ 1,489,634	\$ 43,377	\$ 1,533,011
Other Community Benefits	\$ 0	\$ 11,273	\$ 11,273

Total Other Benefits	\$ 1,917,170	\$ 484,235	\$ 2,401,405
Community Benefits Spending			
Total Community Benefits*	\$ 29,452,294	\$ 484,235	\$ 29,936,529
Medicare (non-IRS)	\$ 46,637,631		\$ 46,637,631
Total Community Benefits with Medicare	\$ 76,089,925	\$ 484,235	\$ 76,574,160

*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