



Kaiser Permanente San Francisco Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

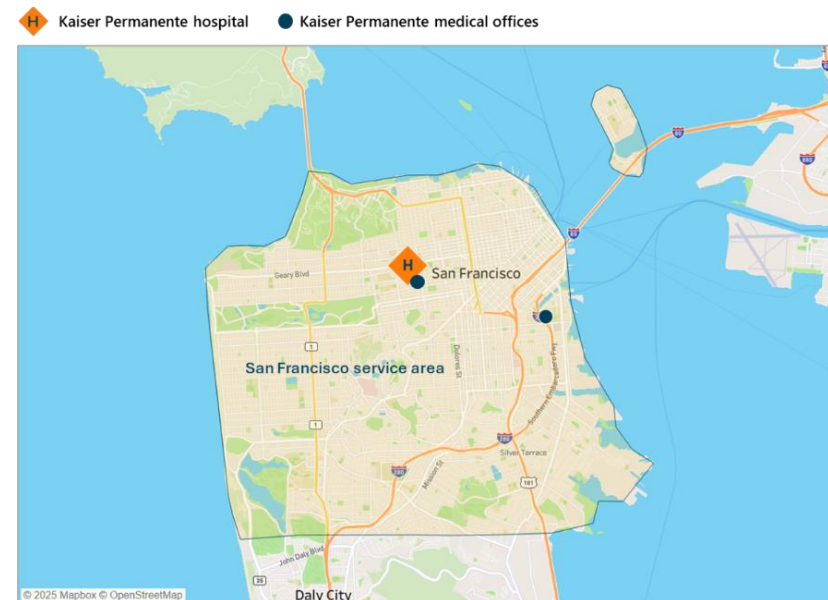
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

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 Francisco 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 Francisco 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 Francisco 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 Francisco Medical Center is a member of the San Francisco Health Improvement Partners (SF HIP) collaborative. Hospitals that collaborated on the CHNA: SF HIP includes UCSF Health Saint Francis and St. Mary's Hospitals, Chinese Hospital

Other organizations that collaborated on the CHNA: SF HIP also includes San Francisco AIDS Foundation, APA Family Support Services, San Francisco Community Clinic Consortium, Rafiki Coalition, San Francisco Unified School District (SFUSD), San Francisco Department of Public Health (SFDPH) and University of California San Francisco

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

1. 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. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among vulnerable populations. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the San Francisco service area, there is a higher rate of deaths of despair – those due to suicide, drug overdose and alcoholism – compared to the state average (41.4 compared to 34.3 per 100,000). Additionally, there are disparities related to mental/behavioral health such as certain vulnerable populations being three times less likely than their white counterparts to seek treatment for mental health. Interviewed community leaders shared that the health provider workforce could better reflect the diverse populations of San Francisco, which remains a key barrier to accessing culturally and linguistically appropriate care. For example, community leaders spoke about the importance for vulnerable populations to have mental health providers that look like them and understand intergenerational trauma. Leaders also identified strategies to address mental and behavioral health such as building trust with communities through enhanced collaboration and coordination among local organizations.

2. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Renters with a diverse background are more likely to live in cost-burdened households and face housing instability. In the San Francisco service area, only 38 percent of the population own a home (compared to 55 percent statewide) and median rental costs are approximately \$1,986 (compared to \$1,689 statewide). Additionally, San Francisco has a higher proportion of people experiencing homelessness that are transitional age youth or chronically unhoused compared to its peer cities, despite offering more permanent supportive housing units. Interviewed community leaders shared that homes tend to be overcrowded, with multiple tenants living in single rooms. Interviewed community leaders also identified strategies to address housing such as implementing warm handoffs between social service providers and prioritizing affordable housing.

3. 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. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the San Francisco service area, a first glance at indicators measuring access to care (e.g., overall percent uninsured residents, infant deaths, and number of primary care physicians per 100,000) shows that the service area compares favorably to state averages. However, a number of disparities, such as shorter life expectancy, more preventable hospitalizations, and disproportionate burden of COVID-19 related deaths by almost all vulnerable populations drive the need for this health need. Interviewed community leaders shared that availability of culturally appropriate and responsive care, particularly in light of the COVID-19 pandemic, remains critical. They also identified strategies to address access to care such as hiring diverse staff members and medical providers who are embedded into the communities they serve.

4. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those who do not have enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the San Francisco service area, income or wealth inequality as measured by the Gini index is higher than state and national averages. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to support income and employment such as workforce training and creating career pathways, wraparound services for job seekers, and system-level changes to address structural inequities.

d. Health Needs Identified but Not Addressed

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

Reasons Healthy Eating Active Living Opportunities were not selected:

- Community does not prioritize this need over other issues
- Aspects of this need will be addressed in strategies for other needs

Reasons Structural Inequities 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 Kaiser Permanente San Francisco 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.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Swords to Plowshares Veterans Rights	Expanding Mental Health Services for Veterans Experiencing Homelessness	San Francisco	Swords to Plowshares delivered weekly therapeutic groups, peer support, expressive arts therapy, wellness programming, and recovery meetings to homeless and low-income veterans in San Francisco through its Veterans Community Center.
Jamestown Community Center Inc.	Providing Mental Health Supports at Jamestown's Summer Program	San Francisco	Jamestown Community Center embedded social workers and trauma-informed mental health supports into its seven-week summer program for over 700 low-income youth in San Francisco's Mission, Excelsior, and Bayview Hunters Point districts.
Openhouse	In Times of Trouble: Community-Based Mental Health & Behavioral Interventions for Older Adults and Adults with Disabilities	San Francisco	Openhouse integrated mental health services, case management, and crisis intervention for older adults and adults with disabilities in San Francisco.
Filipino-American Development Foundation	Mental Health Initiative of San Francisco	San Francisco	Mental Health Initiative of San Francisco provided culturally appropriate individual and group therapy, monthly wellness workshops, case management, and a youth mental health internship program to low-income youth, adults, and families in San Francisco's SoMa, Tenderloin and Excelsior neighborhoods.
3rd Street Youth Center & Clinic	Navigation Center Behavioral Health	San Francisco	3rd Street Youth Center & Clinic sustained trauma-informed behavioral health services at San Francisco's Lower Polk TAY Navigation Center, delivering individual therapy, crisis

			intervention, and group counseling to highly vulnerable homeless transitional age youth.
Young Men's Christian Association of San Francisco	CARE High School Boys and Girls Groups	San Francisco	Bayview Hunters Point YMCA's Boys and Girls Group programs provided underserved youth at CARE High School in San Francisco's District 10 with weekly life skills training, academic support, health education, and field trips, fostering resilience, leadership, and social-emotional growth.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Legal Assistance to the Elderly	Legal Advocacy for Seniors and Persons with Disabilities at Risk of Eviction	San Francisco	Legal Assistance to the Elderly provided free legal advocacy and social work support to low-income seniors and people with disabilities facing eviction in San Francisco.
Asian & Pacific Islander Wellness Center	LINKED: Peer-Led Street Medicine and Behavioral Health Engagement Project	San Francisco	San Francisco Community Health Center deployed peer navigators to provide behavioral health stabilization, follow-up outreach, and reconnection to care for unhoused individuals in the Tenderloin and SOMA neighborhoods.
Rebuilding Together San Francisco	Safe and Healthy Homes Project	San Francisco	Rebuilding Together San Francisco provided free critical home safety repairs, wellness check-ins, and resource referrals to low-income senior households and vulnerable populations in San Francisco.
On Lok Day Services	On Lok's Aging and Disability Resource Center and Bilingual Case Management Services	San Francisco	On Lok Day Services connected more than 2,500 low-income seniors and adults with disabilities in San Francisco to vital resources including housing, healthcare, legal assistance, and financial aid through its Aging and Disability Resource Center and Case Management programs.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Curry Senior Center	Access to Care through Integrated Wraparound Services through Frontline Staff Client Engagement	San Francisco	Curry Senior Center provided integrated wraparound and behavioral health services, information and referral, nutrition support, and housing stability assistance to low-income older adults, unhoused seniors and people with disabilities in San Francisco's Tenderloin neighborhood.
Catholic Charities	Catholic Charities CYO of the Archdiocese of San Francisco's Adult Day Services San Francisco FY 25-6	San Francisco	Catholic Charities CYO's Adult Day Services provided seniors and adults with disabilities in San Francisco with therapeutic programming, memory care, caregiver support, and food distribution, reducing isolation and delaying institutionalization for vulnerable older adults.
APA Family Support Services	Community Health Connections	San Francisco	Community Health Connections expanded access to care for low-income and underprivileged families by providing culturally and linguistically appropriate outreach, health education, and navigation support that helped community members understand, enroll in, and effectively use available health 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</p>			

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.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Booker T. Washington Community Service Center	Food to Freedom Program	San Francisco	Booker T. Washington Community Service Center's Food to Freedom Program addressed systemic food inequities in San Francisco's Western Addition and Fillmore neighborhoods by distributing fresh, culturally appropriate groceries and hot meals sourced from farmers to low-income households.
Community Living Campaign	Food Security and Connection for Homebound Seniors and Adults with Disabilities	San Francisco	Community Living Campaign's neighborhood-based Food and Connection Program delivered weekly grocery distributions, wellness calls, peer support visits, and a Neighborhood Buddies pilot initiative to over 300 homebound older adults and adults with disabilities in San Francisco's Bayview, OMI and Park Merced neighborhoods.
Hamilton Family Center	Ending Family Homelessness in the San Francisco Bay Area	San Francisco	Hamilton Families addressed San Francisco's 94% surge in family homelessness by providing rapid re-housing rental subsidies, eviction prevention services, and case management to families experiencing or at imminent risk of homelessness.

New Door Ventures	San Francisco Opportunity Youth Employment Program	San Francisco	New Door Ventures equipped Opportunity Youth in San Francisco facing significant barriers to economic mobility with pre-employment training, subsidized work experience, skill-building workshops and individualized support.
Raphael House of San Francisco Inc	Residential Shelter Program	San Francisco	Raphael House provided low-income families experiencing homelessness in San Francisco with safe shelter, nutritious meals, housing-focused case management, financial literacy education and career development support.
Chinese Progressive Association	CNA and Vocational ELL Career Pathway	San Francisco	Excelsior Works! connected low-income residents of San Francisco's District 11 to certified nursing assistant career pathways by conducting community outreach, facilitating vocational ESL and CNA career workshops, and providing case management for job readiness, applications and public benefits navigation.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente San Francisco 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 Francisco 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. Income and employment

Mental and behavioral health

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

Access to care

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

Income and employment

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

districts, or other public entities and by enhancing coordination between community and health care.		public health departments, community organizations, schools and school districts, and other hospitals
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b. Evaluation of the Community Benefit Plan’s Effectiveness

Kaiser Permanente San Francisco 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 Francisco 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	\$ 13,300,142		\$ 13,300,142
Medi-Cal	\$ 19,830,028		\$ 19,830,028
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 33,130,171		\$ 33,130,171
Other Benefits			
Community Health Improvement Services	\$ 169,644	\$ 0	\$ 169,644
Community Benefit Operations	\$ 0	\$ 291,948	\$ 291,948
Health Professions Education	\$ 14,009,998	\$ 3,502,500	\$ 17,512,498
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 1,339,010	\$ 689,793	\$ 2,028,803
Cash and in-kind Contributions for Community Benefits	\$ 585,564	\$ 105,792	\$ 691,356
Other Community Benefits	\$ 0	\$ 48,299	\$ 48,299
Total Other Benefits	\$ 16,104,216	\$ 4,638,331	\$ 20,742,547

Community Benefits Spending			
Total Community Benefits*	\$ 49,234,387	\$ 4,638,331	\$ 53,872,718
Medicare (non-IRS)	\$ 93,093,648		\$ 93,093,648
Total Community Benefits with Medicare	\$ 142,328,034	\$ 4,638,331	\$ 146,966,365

*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