



# Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

**MANTECA** Northern California Region

Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350

# Kaiser Foundation Hospitals (KFH)

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## **I. Introduction and Background**

### **A. About Kaiser Permanente**

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. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. 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 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. About Kaiser Permanente Community Health**

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It’s also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn’t just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.6 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

For information on the CHNA, refer to the [2022 Community Health Needs Assessments and Implementation Strategies](http://www.kp.org/chna) (<http://www.kp.org/chna>).

### **C. Purpose of the Report**

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the annual year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

## II. Overview and Description of Community Benefit Programs Provided

### A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2023, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,156,318,352 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

**2023 Community Benefits Provided by Kaiser Foundation Hospitals in California** (Endnotes in Appendix)

Category	Total Spend
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$487,302,412
Charity care: Charitable Health Coverage Programs	\$869
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$397,648,749
Grants and donations for medical services <sup>3</sup>	\$26,274,860
<b>Subtotal</b>	<b>\$911,226,891</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>4</sup>	\$3,749,364
Educational Outreach Program <sup>4</sup>	\$887,210
Youth Internship and Education programs <sup>5</sup>	\$3,957,337
Grants and donations for community-based programs <sup>6</sup>	\$17,168,458
Community Benefit administration and operations <sup>7</sup>	\$11,527,980
<b>Subtotal</b>	<b>\$37,290,349</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$1,282,138
Community Giving Campaign administrative expenses	\$408,191
Grants and donations for the broader community <sup>8</sup>	\$12,993,928
National Board of Directors fund	\$742,729
<b>Subtotal</b>	<b>\$15,426,986</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education <sup>9</sup>	\$119,236,704
Non-MD provider education and training programs <sup>10</sup>	\$32,312,529
Grants and donations for the education of health care professionals <sup>11</sup>	\$476,947
Health research	\$40,347,947
<b>Subtotal</b>	<b>\$192,374,126</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,156,318,352</b>

## B. Medical Care Services for Vulnerable Populations

### 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.

### Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who don't have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, 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

The 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 low-income, uninsured, and underinsured patients receive access to 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 are uninsured.

## C. Other Benefits for Vulnerable Populations

### Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

### Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

#### **Youth Internship and Education Programs (NCAL and SCAL)**

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

### **D. Benefits for the Broader Community**

#### **Community Health Education and Health Promotion Programs (NCAL and SCAL)**

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community-based organizations, and schools.

#### **Kaiser Permanente Educational Theatre (NCAL and SCAL)**

Kaiser Permanente's Educational Theatre has inspired and empowered millions of students and adults in communities to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities.

### **E. Health Research, Education, and Training Programs**

#### **Graduate Medical Education (GME)**



The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, obstetrics-gynecology, pediatrics, preventive medicine, and psychiatry.

### **Non-MD Provider Education and Training Programs**

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy, and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

### **Health Research**

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy and practice to facilitate the use of evidence-based care.

Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

### III. Community Served

#### A. Kaiser Permanente's Definition of Community Served

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

#### B. Demographic Profile of Community Served

[KFH-Manteca service area demographic profile](#)

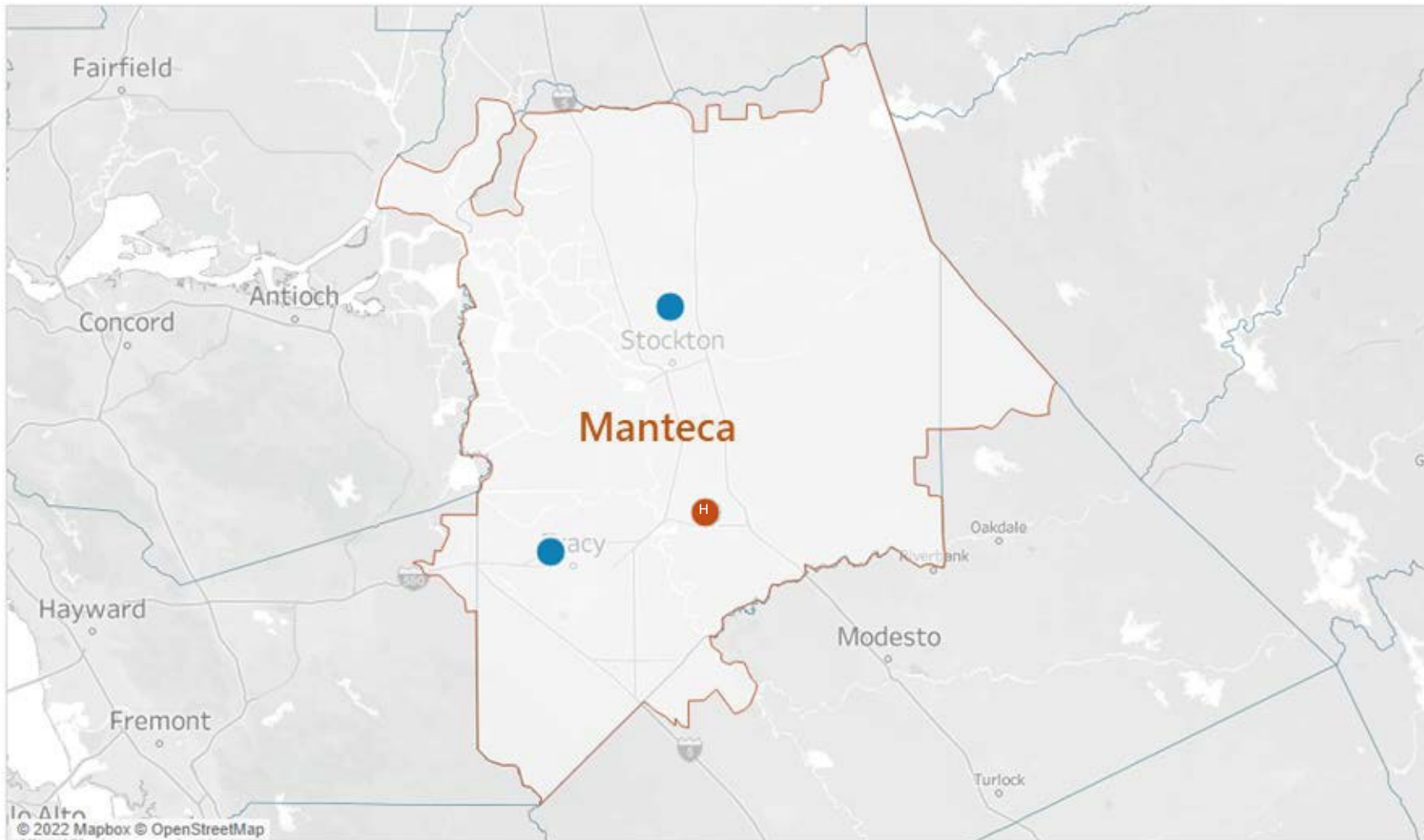
<b>Total population:</b>	<b>768,535</b>
American Indian/Alaska Native	0.4%
Asian	15.6%
Black	7.0%
Hispanic	42.6%
Multiracial	3.8%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	29.8%
Under age 18	27.3%
Age 65 and over	12.6%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

### C. Map and Description of Community Served

KFH-Manteca service area

 Kaiser Permanente hospital     Kaiser Permanente medical offices



The KFH-Manteca service area primarily comprises San Joaquin County and includes the cities of Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford.

## IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Manteca is addressing during the 2023-2025 Implementation Strategy period. 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>).

### A. Health Needs Addressed

1. **Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system is strained in the Manteca service area, as evidenced by provider shortages. Key informants stated that even with health insurance, access to care is a problem for service area residents when it comes to specialty care of all kinds, pediatric and adult oral health, and hormone replacement therapy. Numerous barriers to receiving care were cited by key informants, including: few local specialists, inadequate appointment availability, lack of adequate insurance, and language/cultural barriers. Access to culturally responsive care is of particular concern for the Black population in the Manteca service area, who experience higher rates of infant mortality. Transportation to health care services was identified as a common barrier to accessing care, particularly for residents in rural communities who have limited transportation options and/or few nearby health clinics. Most key informants agreed that the pandemic complicated residents' ability to access routine healthcare, as the switch to telehealth proved difficult for seniors, non-English speakers, and low-income communities with limited access to technology needed for online communication.
2. **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. Income and employment challenges in the Manteca service area are apparent from the higher child poverty and unemployment rates as compared to the CA average. According to key informants interviewed, income and employment are consistently unstable in the Manteca service area, particularly for historically underserved or marginalized populations. Key informants described how income and employment challenges influenced service area residents' health behaviors, exacerbating chronic disease, disability, mental health, and substance use. Income and employment needs are illustrated by the food insecurity rate in the Manteca service area, which is higher than the state average; key informants emphasized the need for food insecurity noting the food purchasing challenges faced in low-income communities, even when residents are working multiple jobs to pay rent, bills, and provide food for their families. In addition, key informants noted the pandemic's negative impact on families' financial security, resulting in more residents relying on food banks.

3. **Mental & behavioral health:** Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Manteca service area. Immediate action is needed to address access to mental and behavioral health services and the provider shortage, which is substantially worse in the service area than the state average and disproportionately impacts communities with large Hispanic populations. Key informants said children, adolescents, the elderly, those who identify as LGBTQ+, unhoused people, people of color, immigrants, rural communities, and low-income residents have the greatest needs for accessible mental health services. They mentioned several barriers to accessing services: cost, lack of insurance coverage, transportation, language and cultural or social stigma. Key informants linked mental and behavioral health concerns to trauma, Adverse Childhood Experiences (ACEs), income and employment, homelessness, and substance use. They described residents often cope with life challenges by using substances. In addition, key informants said mental health concerns and challenges to accessing mental and behavioral health services were significantly amplified by the pandemic.

**B. Health Needs Not Addressed**

The significant health needs identified in the 2022 CHNA that Kaiser Permanente Manteca Medical Center does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Education	Housing
Community does not prioritize this need over other issues	x	
Less ability to leverage community assets to address this need		x
This need is incorporated into other needs selected		x
Aspects of this need will be addressed in strategies for other needs	x	

## V. Year-End Results

### A. Community Benefit Financial Resources

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.

**Table B****KFH-Manteca Community Benefits Provided in 2023** (Endnotes in Appendix)

Category	Total Spend
<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$12,263,955
Charity care: Charitable Health Coverage programs	\$54
Charity care: Medical Financial Assistance Program <sup>2</sup>	\$17,992,648
Grants and donations for medical services <sup>3</sup>	\$7,186,755
<b>Subtotal</b>	<b>\$37,443,412</b>
<b>Other Benefits for Vulnerable Populations</b>	
Youth Internship and Education programs <sup>5</sup>	\$131,981
Grants and donations for community-based programs <sup>6</sup>	\$19,311
Community Benefit administration and operations <sup>7</sup>	\$326,745
<b>Subtotal</b>	<b>\$478,037</b>
<b>Benefits for the Broader Community</b>	
Community Giving Campaign administrative expenses	\$14,664
Grants and donations for the broader community <sup>8</sup>	\$702,552
National Board of Directors fund	\$27,763
<b>Subtotal</b>	<b>\$744,980</b>
<b>Health Research, Education, and Training</b>	
Non-MD provider education and training programs <sup>10</sup>	\$409,215
Health research	\$2,055,011
<b>Subtotal</b>	<b>\$2,464,226</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$41,130,654</b>

## B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaborations, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants awarded, total investments, and number of people reached/served Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to track and report outcomes of the projects for which they have received funding.

The tables below provide highlights for a select number of programs, grants, collaboration and/or assets that aim to address the identified health needs for KFH-Manteca. The examples provided below are illustrations and not an exhaustive list.

In addition to the highlights outlined in the tables to address specific health needs, 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, however, are not included in the financial totals for 2023.



Need	Examples of most impactful efforts
<p><b>Access to Care</b></p>	<p><b>Medi-Cal and Charity Care:</b>                      In 2023, KFH Manteca provided access to care to 17,205 Medi-Cal members and provided financial assistance to 11,782 people through the Medical Financial Assistance (MFA) program.</p>
	<p><b>Safety Net Partnerships in the Central Valley:</b>                      As one of 12 community health centers across California in the Safety Net Partnership Initiative Clinic Consortia Cohort, this project will address health care disparities and health equity by supporting clinic training programs, transition to value-based care and alternative payment methodologies, and improvements in technology infrastructure. Our partnerships with these organizations expand access and capacity in Federally Qualified Health Centers, as well as increasing the capacity of local providers to help current Medi-Cal members maintain their health coverage or enroll eligible individuals into Medi-Cal. The mission of the Central Valley Health Network is to advocate for community health centers' strength in the marketplace and to support members' effective delivery of high quality and accessible health care. Central Valley Health Network was awarded \$480,000 over a year. (This grant impacts 6 hospital service areas in NCAL)</p>
	<p><b>Health Care Access Program:</b>                      The mission of the Catholic Charities of the Diocese of Stockton is to partner with others in advocating for justice and assisting those in need. by providing help for today and hope for tomorrow. Catholic Charities of the Diocese of Stockton was awarded \$90,000 over a year as one of 6 organizations in the KFH NCAL Medi-Cal Redeterminations cohort. The Health Care Access Program will conduct outreach to difficult-to-reach populations, assist low-income families and individuals to enroll in Medi-Cal, and assist families in retention of benefits through renewal assistance. This project is expected to serve 3,000 individuals. (This grant impacts 2 hospital service areas in NCAL)</p>
	<p><b>211 Social Health:</b>                      Our partnership with community-based social service organizations supports capacity building and growing networks that address social health needs and coordinate care. Family Resource and Referral Center of San Joaquin was awarded \$150,000 over 2 years. The Family Resource and Referral Center of San Joaquin provides 211 supports, including information and referrals that connect people to vital social, health, and disaster services provided by a range of nonprofit and government agencies. This project is expected to serve 2,000 individuals. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
<p><b>Income &amp; Employment</b></p>	<p><b>2023 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort:</b>                      The mission of the Catholic Charities of the Diocese of Stockton is to partner in advocating for justice and assisting those in need by providing help for today and hope for tomorrow. The BLOC cohort is a partnership with KFH and 18 community-based organizations throughout Northern California to implement innovative strategies providing outreach and enrollment services for eligible individuals to apply for or retain CalFresh and Medi-Cal benefits. This partnership will ensure that all eligible individuals in Kaiser Permanente communities have access to CalFresh and Medi-Cal and that outreach and enrollment opportunities are responsive to current and emerging needs. Catholic Charities of the Diocese of Stockton will provide CalFresh application assistance and retention services to all low-income households throughout San Joaquin County, especially mixed-status households, and historically marginalized populations. This project is expected to serve 6,050 individuals. (This impacts 1 hospital service area in NCAL)</p>
	<p><b>Paid Community Health Internships and Health Equity Scholars Projects for Central Valley Students:</b>                      The mission of the Health Career Connection, Inc. is to inspire and empower undergraduate students, recent graduates, and alumni, particularly those from under-represented or disadvantaged backgrounds, to choose and successfully pursue healthcare and public health careers. Health Career Connection, Inc. was awarded \$90,000 over 6 months. Central Valley college students from first-generation and low-income backgrounds participate in paid summer internships or a team-based consulting program and collaborate directly with local community health, behavioral health, and public health organizations serving underserved communities. This project is expected to serve 15 individuals. (This grant impacts 3 hospital service areas in NCAL)</p>
	<p><b>Helping Central Valley Young Men of Color Get to College:</b>                      The mission of Improve Your Tomorrow is to increase the number of low-income Young Men of Color to attend and graduate from colleges and universities. Improve Your Tomorrow was awarded \$200,000 over 2 years. College Academy provides middle and high school young men of color with wraparound services, including mentoring, tutoring, college tours, wellness activities, and community connections in areas with the highest needs. This project is expected to serve 400 individuals. (This grant impacts 2 hospital service areas in NCAL)</p>
<p><b>Mental &amp; Behavioral Health</b></p>	<p><b>Healthy Rooms Project:</b>                      The mission of the Manteca Police Chief's Foundation is to provide mentorship, intervention, education, vocational training, artistic expression, and athletic services to children. Our partnership with the Manteca Police Chief's Foundation will support a trauma-informed space and remodel at-risk youth rooms. (This project impacts 1 hospital service area in NCAL)</p>

# VI. Appendix

## Appendix A

### 2023 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$31,299,825
Fremont	\$11,290,424
Fresno	\$20,928,037
Manteca	\$41,130,654
Modesto	\$22,586,200
Oakland	\$69,132,545
Redwood City	\$25,331,007
Richmond	\$36,688,203
Roseville	\$48,570,614
Sacramento	\$78,361,475
San Francisco	\$35,219,854
San Jose	\$35,629,222
San Leandro	\$36,579,806
San Rafael	\$16,871,517
Santa Clara	\$54,423,351
Santa Rosa	\$30,471,515
South Sacramento	\$59,522,915
South San Francisco	\$14,393,214
Vacaville	\$23,431,991
Vallejo	\$35,420,809
Walnut Creek	\$24,925,238
<b>Northern California Total</b>	<b>\$752,208,416</b>

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$25,957,244
Baldwin Park	\$26,269,304
Downey	\$34,837,164
Fontana	\$61,085,066
Irvine	\$5,742,425
Los Angeles	\$59,171,816
Moreno Valley	\$11,117,047
Ontario	\$9,683,018
Panorama City	\$26,160,525
Riverside	\$26,225,914
San Diego (2 hospitals)	\$36,592,118
San Marcos	\$5,154,330
South Bay	\$20,830,614
West Los Angeles	\$38,973,081
Woodland Hills	\$16,310,271
<b>Southern California Total</b>	<b>\$404,109,936</b>

## Appendix B

### Endnotes

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- <sup>3</sup> Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- <sup>4</sup> Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- <sup>5</sup> Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- <sup>6</sup> Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- <sup>7</sup> The amount reflects the costs of the community benefit department and related operational expenses.
- <sup>8</sup> Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- <sup>9</sup> Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- <sup>10</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>11</sup> Figures reported in this section for grants and donations consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals.