



Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

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

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-Roseville service area demographic profile](#)

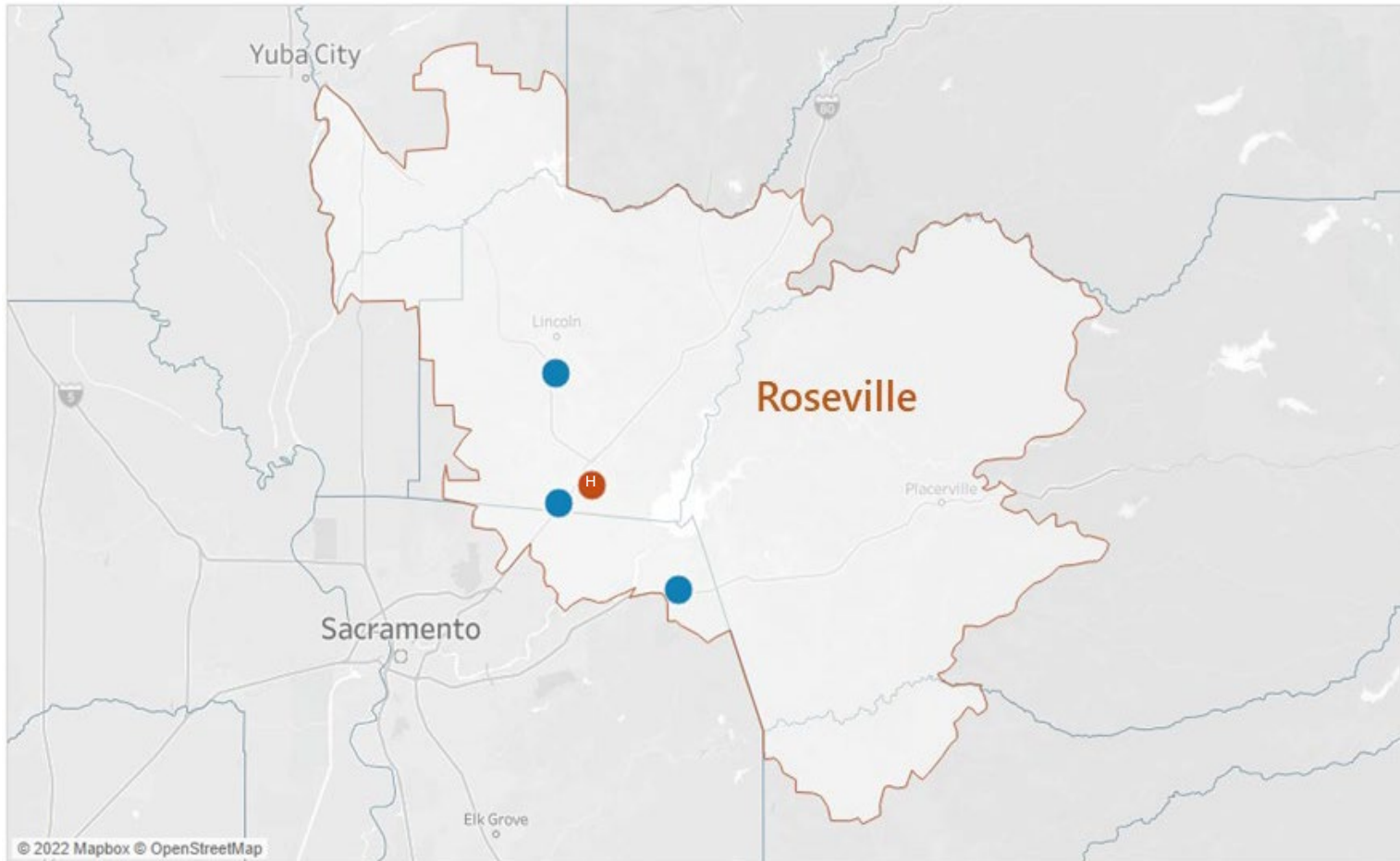
Total population:	879,889
American Indian/Alaska Native	0.6%
Asian	8.1%
Black	3.0%
Hispanic	15.6%
Multiracial	4.3%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	67.9%
Under age 18	23.0%
Age 65 and over	17.2%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Roseville service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in Placer County.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Roseville 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. 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 Roseville service area, 12 percent of adults in Placer County reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 90 percent of white, 79 percent of Latinx/o/a, and 67 percent of Black residents have a usual source of health care. Interviewed community leaders shared the lack of culturally responsive providers and those focused on the specific care needs of communities of color, non-English speakers, and LGBTQ+ individuals. They also identified strategies to address access to care such as investing in local community clinics that provide culturally responsive services for low-income residents.
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. Black and Latinx/o/a renters are more likely to live in cost-burdened households and face housing instability. In the Roseville service area, the overall housing affordability index is 113.8 compared to 154.5 nationwide, meaning it costs more for a typical resident in the Roseville area to purchase a home than it does in other areas. Additionally, there are disparities related to housing - only 58 percent of Native American, 55 percent of Latinx/o/a, and 52 percent of Black residents in Placer County are homeowners, compared to 79 percent of Asian residents and 74 percent of white residents. Interviewed community leaders shared that the housing crisis is getting worse, and they are seeing an increasing number of people with housing-related needs, noting that the community is fearful of upcoming evictions after the expiration of the eviction moratorium. They also identified strategies to address housing such as investing in affordable housing options, destigmatizing homelessness, and addressing the root causes of the housing crisis.
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. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx/o/a Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Roseville service area, the rates of suicide deaths are higher than the state average (13.5 compared to 10.5), and rates for deaths of despair are similarly worse than the state (38.6 compared to 34.3). Additionally, there are disparities related to mental and behavioral health

such as disproportionate rates of child abuse reports for Native American, Latinx/o/a, and Black children, which is reflective of differential access to social services and supports. Interviewed community leaders spoke about the need to support the mental health of service providers, noting how the COVID-19 pandemic has made it harder to recruit qualified behavioral health specialists. They also identified strategies to address mental and behavioral health such as collaborating with local community-based organizations who have pre-established, strong relationships with the community.

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 not having 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 Roseville service area, the unemployment rate of 14 percent is slightly higher than the national rate of 13 percent. Further, there are significant racial disparities, with 73 percent of Asian residents in Placer County and 71 percent of white residents earning a living wage, yet only 55 percent of Latinx/o/a residents earn a living wage. Interviewed community leaders highlighted subpopulations that have been particularly impacted by economic circumstances. For example, women of color face undue financial burden while facing discrimination and greater needs for childcare and family support services. They also identified strategies to address income issues such as creating career pathways, financial literacy training, educating employers about medical leave, and viewing food security as an income supplement.

B. Health Needs Not Addressed

The significant health needs identified in the 2022 CHNA that KFH-Roseville does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

Reason	Climate & environment	Community safety
Community does not prioritize this need over other issues	x	
Less feasibility to make an impact on this need	x	
Less ability for Kaiser Permanente to leverage expertise or assets to address this need	x	x
Less ability to leverage community assets to address this need	x	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-Roseville Community Benefits Provided in 2023** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$19,256,956
Charity care: Charitable Health Coverage programs	\$70
Charity care: Medical Financial Assistance Program ²	\$22,353,825
Grants and donations for medical services ³	\$237,236
Subtotal	\$41,848,088
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$142,133
Grants and donations for community-based programs ⁶	\$282,667
Community Benefit administration and operations ⁷	\$428,327
Subtotal	\$853,127
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$19,223
Grants and donations for the broader community ⁸	\$490,344
National Board of Directors fund	\$36,395
Subtotal	\$545,962
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$1,637,866
Non-MD provider education and training programs ¹⁰	\$991,677
Health research	\$2,693,895
Subtotal	\$5,323,438
TOTAL COMMUNITY BENEFITS PROVIDED	\$48,570,614

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-Roseville. 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 funded 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>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Roseville provided access to care to 38,994 Medi-Cal members and provided financial assistance to 9,948 people through the Medical Financial Assistance (MFA) program.</p>
	<p>2024 Consortia Core Support: The mission of Central Valley Health Network (CVHN) is to advocate for community health centers' strength in the marketplace and to support members' effective delivery of high-quality and accessible health care. CVHN was awarded \$225,000 over a year to expand access and capacity to the safety net Federally Qualified Health Centers and increase the capacity of local providers to help patients maintain coverage or enroll in Medi-Cal. The Consortia Core Support project will focus on advocacy, workforce development, social media and communications, clinical quality outcomes and quality improvement, social determinants of health, and emergency preparedness. The Consortia serves 16 health center members located in 21 counties. (This grant impacts 5 hospital service areas in NCAL)</p>
	<p>CREER En Tu Salud: Our partnership with Latino Leadership Council, Inc. supports their mission to foster leadership, education, and advocacy on behalf of the Latino community through cultural inclusivity, strategic collaboration, and innovative approaches. Latino Leadership Council, Inc. was awarded \$50,000 over a year. Additionally, our partner CREER En Tu Salud (Believe in Your Health) Promotores will increase enrollment in coverage programs and provide access to the healthcare safety net to low-income uninsured Latino adults, most of whom are Spanish-speaking and undocumented, by providing linkages to a medical, dental, vision, mental health, and nutrition education services. This project is expected to serve 1,200 low-income individuals or families. (This grant impacts 2 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
<p>Housing</p>	<p>Health, Housing, and Justice Initiative in Northern California: The mission of the Legal Services of Northern California, Inc. is to empower low-income members of the community with the provision of quality legal services. Legal Services of Northern California, Inc. is one of 10 legal aid organizations across California implementing the Health, Housing, and Justice Initiative. This partnership builds organizational capacity to provide housing related legal services in and out of health care settings. Medical-legal partnerships are proven interventions that embed access to legal services within the health care delivery system. This project will provide legal interventions that help prevent eviction and ensure adequate, affordable, and stable housing for individuals and families via housing resolution options. This collaboration will use a data-driven approach to provide low-income patients with free legal assistance addressing health-harming concerns, including housing preservation and family stabilization. This project is expected to serve 200 individuals. (This impacts 4 hospital service areas in NCAL)</p> <p>Homeless Prevention: Our partnership with Volunteers of America-Northern California, Inc. enhances the capacity of the entire homeless response system, with a focus on data-driven approaches to homelessness prevention, accelerating housing placements, and improving care coordination and housing navigation for homeless veterans. In partnership with Placer County Continuum of Care, the homeless prevention Built for Zero Accelerate project will expand rapid rehousing and subsidies to high-barrier veterans with severe mental health, legal, and financial issues. The initiative is expected to serve an additional 30 clients. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Mental & Behavioral Health</p>	<p>Expanding Mental and Behavioral Health Services for Youth throughout Greater Sacramento: Our robust partnerships with local school districts and youth-serving organizations advance our youth and student-focused mental health strategies throughout Greater Sacramento including Roseville, Sacramento, and South Sacramento. Collaborations with Stanford Youth Solutions, San Juan Unified School District, and Roseville Joint Union High School District will support community-based mental and behavioral youth services to at-risk youth, expand the student mental health curriculum, and add wellness rooms in schools. The total estimated reach by the three organizations is 14 thousand students. (These grants impact 3 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
<p>Income & Employment</p>	<p>2023 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort: The mission of the Placer Food Bank is to nourish families experiencing food insecurity, educate the community about hunger, and advocate for hunger relief. 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. Placer Food Bank will provide resources and information about CalFresh benefits and retention, as well as outreach to Medi-Cal beneficiaries in Placer County. (This impacts 1 hospital service area in NCAL)</p>
	<p>Senior Meals: The mission of Seniors First, Inc. is to keep Placer County seniors independent by providing essential support and a safety net. Our partnership with Seniors First, Inc. supports their nutrition programs including the ability to offer free congregate meals at Senior Cafes, and the support for the Meals on Wheels Program that delivers groceries to Placer County seniors ages 60 and over who are experiencing very low food security. This is expected to serve 450 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Basic Needs Student Assistance: The mission of the Sierra College Foundation is to allow community members to assist and invest in developing quality educational opportunities for all. Our partnership with the Sierra College Foundation supports the new Basic Needs Student Assistance Center. The Food Insecurity program will expand the distribution of healthy food and hot meals to students experiencing inequities and provide CalFresh information and enrollment assistance. This project is expected to support 1,200 underserved Sierra College students. (This grant 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
Northern California Total	\$752,208,416

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
Southern California Total	\$404,109,936

Appendix B

Endnotes

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- ³ 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.
- ⁴ 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.
- ⁵ Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- ⁶ 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.
- ⁷ The amount reflects the costs of the community benefit department and related operational expenses.
- ⁸ Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- ⁹ Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ 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.