



Community Benefit Plan FISCAL YEAR 2022



FRESNO

Northern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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Kaiser Foundation Hospitals (KFH)

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.6 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their total health and guided by their personal 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

Kaiser Permanente is dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety-net partners with integrated clinical and social services.
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets.
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health. For information on the CHNA, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](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 Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 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**2022 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	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program ²	\$187,106,665
Grants and donations for medical services ³	\$24,435,416
Subtotal	\$822,308,437
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,398,981
Educational Outreach Program ⁴	\$839,692
Youth Employment programs ⁵	\$2,901,906
Grants and donations for community-based programs ⁶	\$14,526,431
Community Benefit administration and operations ⁷	\$13,731,405
Subtotal	\$35,398,415
Benefits for the Broader Community	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community ⁸	\$14,672,431
National Board of Directors fund	\$742,694
Subtotal	\$17,234,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$113,244,627
Non-MD provider education and training programs ¹⁰	\$31,918,517
Grants and donations for the education of health care professionals ¹¹	\$1,024,087
Health research	\$35,040,218
Subtotal	\$181,227,448
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,056,168,474

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 is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) 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. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

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 Employment 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)

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States 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. Currently, there are 3 programs available in every Kaiser Permanente region.

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. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. 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, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. 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 to become health care professionals.

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-Fresno service area demographic profile](#)

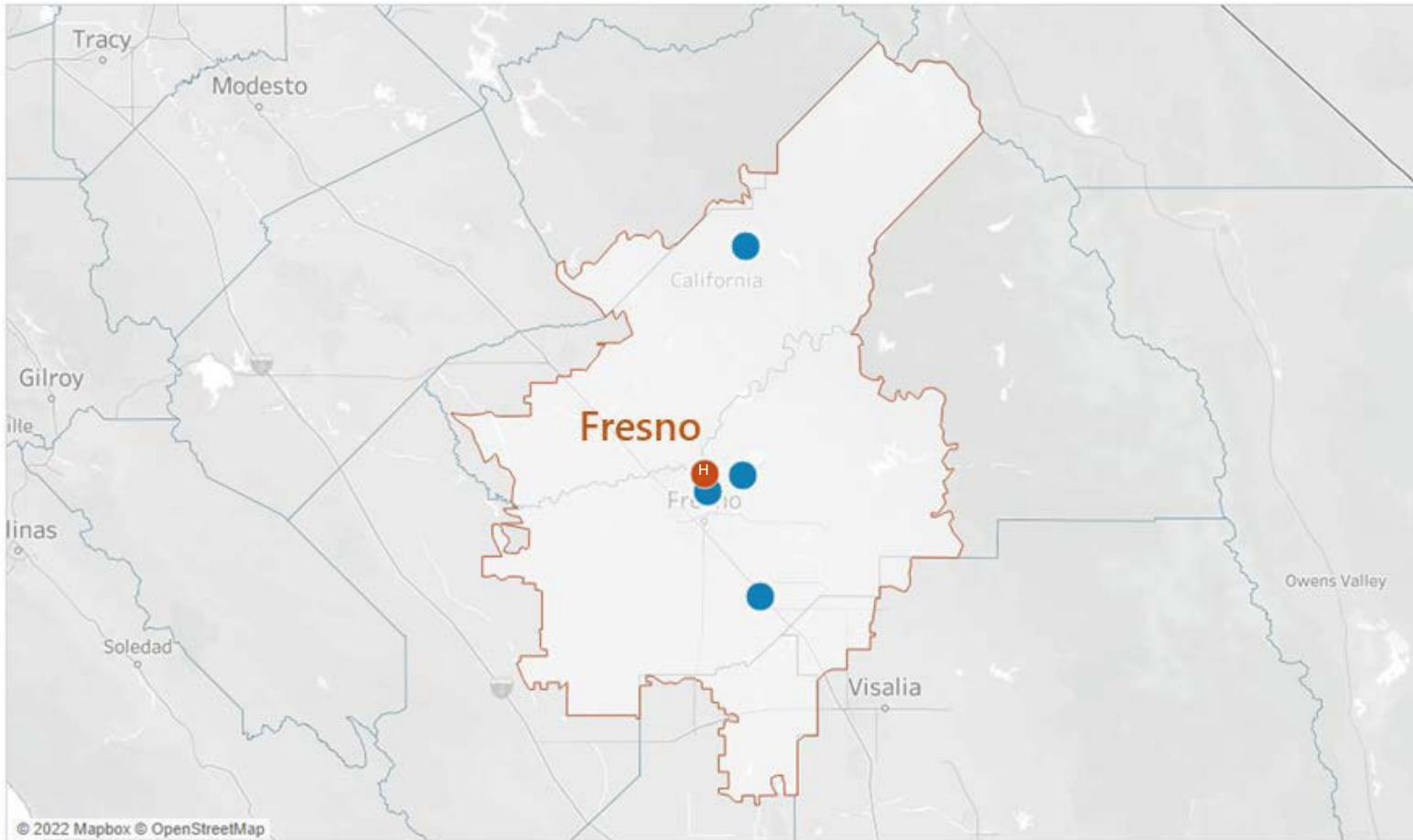
Total population:	1,206,026
American Indian/Alaska Native	0.6%
Asian	9.0%
Black	4.1%
Hispanic	54.7%
Multiracial	2.1%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	29.2%
Under age 18	28.7%
Age 65 and over	12.4%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Fresno service area

● Kaiser Permanente hospital
 ● Kaiser Permanente medical offices



The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O’Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquility, Traver, and Wishon.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Fresno is addressing during the 2020-2022 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 [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to Care:** Access to high-quality, culturally competent, affordable health care and health services is essential to the prevention and treatment of morbidities and increases quality of life, especially for the most vulnerable. In the KFH-Fresno service area, residents are more likely to be enrolled in Medi-Cal or other public insurance than the state average, which is a factor related to overall rates of poverty. Latino, Native American/Alaskan Native, and residents identifying as “other” ethnicities are most likely to be uninsured. When describing issues in accessing care locally, focus groups and interviewees described language barriers, high costs and limited health insurance coverage, limited culturally sensitive services, and a lack of care for seniors. Access to Care received the second highest number of points during scoring to select the health needs to address. KFH-Fresno can leverage significant organizational assets for this health need due to its high levels of charitable health coverage and medical financial assistance, participation in Medi-Cal Managed care, and long-term experience in increasing access to high-quality, coordinated, and culturally/linguistically appropriate health care for high need populations.
2. **Mental and Behavioral Health:** Mental health and well-being are essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life’s difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. KFH-Fresno service area residents say they have more days with poor mental health compared to the state and service area non-Hispanic Whites have a higher rate of suicide deaths than other ethnic groups. CHNA primary data described prejudice and stigma around mental health as barriers to care and noted that children’s trauma in the home contributes to poor mental health. Mental Health was identified during the CHNA as a high priority health need and received the third highest number of points during scoring to select the health needs to address. KFH-Fresno can deploy significant organizational assets and leverage a variety of community partnerships/assets to address this need.
3. **Economic Security:** Having adequate income and financial resources facilitates access to education, health care, healthy foods, safe housing, and other necessities and services that are requisite for overall well-being. Economic security contributes to good health. It facilitates access to health care services, healthy eating, and other factors that play a role in overall well-being. KFH-Fresno service area benchmarks compared poorly to the state on many economic security indicators and there are several ethnic/racial disparities within the county. Unemployment in the service area is high relative to the state, as is the number of children living in poverty. Black, Pacific Islander, and “other” ethnicity children are among those most impacted by poverty. Homelessness, lack of affordable housing, transportation, and a lack of professionals/graduates and jobs were mentioned as

important issues by key informants and focus group participants. Economic Security was identified as a high priority during the CHNA and received the fourth highest number of points during scoring to select the health needs to address. KFH-Fresno can draw on strong partnerships with community organizations/groups to address this need, which lays the foundation for good health.

4. Obesity, Diabetes, and Healthy Eating/Active Living (HEAL): Eating healthy foods and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in the KFH-Fresno service area as compared to the state average. Physical inactivity and soft drink consumption are higher in the service area, and disparities in obesity are highest among Latinos and Blacks. The lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data, and overweight and obesity were mentioned as risk factors for chronic diseases. Obesity/HEAL/Diabetes received the highest number of points during scoring to select the health needs to address. KFH-Fresno leadership perceives a strong opportunity to make meaningful contributions to reducing obesity and diabetes and increasing health eating and active living based on organizational expertise and experience. Kaiser Permanente's long-term commitment to Obesity/HEAL/Diabetes and strong prevention focus are additional assets that will be brought to bear on this health need.

B. Health Needs Not Addressed

1. **Violence/Injury Prevention:** This health need received the third lowest number of points during the scoring process to select health needs to address. Leadership perceived that KFH-Fresno cannot contribute enough expertise to have a substantial impact on this need. Violence prevention will be addressed in part under strategies conducted for Mental Health.
2. **Substance Abuse/Tobacco:** This health need received the second lowest number of points during the scoring process to select the health needs to address. KFH-Fresno leadership saw limited opportunities for leverage community assets to address this need. Substance Abuse/Tobacco will be addressed in part by strategies conducted under Mental Health.
3. **Climate and Health:** Climate and Health was identified as a medium priority during the CHNA but received the lowest number of points (along with Asthma and Oral Health) during the scoring process to select the health needs to address. KFH-Fresno leadership perceived a limited ability to make an impact on Climate and Health due to limited organizational assets or opportunities to leverage community assets.
4. **Asthma:** The overall score for this health need was in the lowest tertile during the CHNA and it received the lowest number of points during the scoring process to select the health needs to address. Asthma will be addressed in part through strategies conducted under Access to Care.
5. **Oral Health:** Just 10% of key informant interviewees/focus group participants discussed Oral Health, indicating this is not a high priority need for the service area, and it received the lowest number of points during the process to select the health needs to address. KFH-Fresno does not offer dental services.

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-Fresno Community Benefits Provided in 2022** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$4,895,165
Charity care: Medical Financial Assistance Program ²	\$5,630,728
Grants and donations for medical services ³	\$745,000
Subtotal	\$11,270,892
Other Benefits for Vulnerable Populations	
Youth Employment programs ⁵	\$41,966
Grants and donations for community-based programs ⁶	\$882,465
Community Benefit administration and operations ⁷	\$275,520
Subtotal	\$1,199,951
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$18,454
Grants and donations for the broader community ⁸	\$1,730,844
National Board of Directors fund	\$15,467
Subtotal	\$1,764,765
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$296,008
Non-MD provider education and training programs ¹⁰	\$637,438
Health research	\$953,500
Subtotal	\$1,886,947
TOTAL COMMUNITY BENEFITS PROVIDED	\$16,122,555

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, collaboration, 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 [2019 CHNA Report and the 2020-2022 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 made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. 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 propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Fresno. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Fresno service area and may also serve other KFH service areas.

In addition to the highlights outlined in the tables below 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 2022.

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2022, KFH-Fresno provided access to care to 5 Medi-Cal members and provided financial assistance to 5,438 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Comprehensive Asthma Remediation and Education Services (CARES): The mission of the Central California Asthma Collaborative (CCAC) is to provide education and direct services, build regional capacity and advocate for sensible policies that improve health and address inequities by reducing environmental impacts and emphasizing the prevention and management of the chronic disease. Central California Asthma Collaborative was awarded \$150,000 over 2 years for the CARES Program to continue to reduce the burden of asthma and related conditions through home-based education, intervention, and asthma trigger mitigation. This grant is expected to serve 200 individuals.</p>
	<p>Advancing Population Health Through Clinical Pharmacy Integration: The mission of Camarena Health is to promote healthy communities by providing quality and compassionate health care. Camarena Health will advance its ongoing population health campaigns by increasing the integration of clinical pharmacy activities with a dedicated licensed clinical pharmacist. These actions will result in improved medication adherence, better medication selection, enhanced monitoring of chronic conditions, and overall superior patient care. This is expected to serve 2,300 individuals.</p>
<p>Mental and Behavioral Health</p>	<p>California Regional Model: National Alliance on Mental Illness (NAMI) California provides leadership in advocacy, legislation, policy development, education and support while advocating for lives of quality and respect without discrimination and stigma. NAMI California will develop a Regional Model to strengthen local affiliates by providing direct support and communication to build capacity and streamline services resulting in an increase in NAMI behavioral health programs within California. This is expected to serve 63,135 individuals, affiliates, and staff. (This partnership impacts 21 service areas across NCAL)</p>

Need	Examples of most impactful efforts
	<p>New Connections!: The mission of Front Porch is to inspire and build community, cultivate meaningful relationships and experiences that respond creatively to changing needs. Front Porch's virtual social connection programs offer one-on-one and group interventions, reducing isolation and loneliness in older adults by providing a wide variety of easily accessible learning, social, and support options that leverage their interests and skills. The program will focus on increasing new Spanish-speaking registrants and users in Northern California. This is expected to serve 1,950 isolated older adults. (This partnership impacts 21 service areas across NCAL)</p> <p>The Source Mental Health Access Project: The mission of The Source LGBTQ+ Center is to provide spaces for LGBTQ+ people to learn, grow, belong, transform, question + support. The Center's Mental Health Access Project will provide direct mental health services to gender-diverse individuals. It will also address the social isolation that contributes to health risks for trans and gender-diverse individuals through group therapy and community events and provide access to gender-affirming hygiene products and clothing that contribute to holistic health and well-being. This project is expected to serve 630 individuals.</p>
<p>Economic Security</p>	<p>An Individualized Approach to Economic Stability for Individuals Experiencing Homelessness: The mission of the Community Action Partnership of Madera County is to help people, change lives, and make the community a better place to live by providing resources and services that inspire personal growth and independence. Community Action Partnership of Madera County was awarded \$95,000 over 1 year to implement an individualized approach to economic stability for individuals experiencing homelessness. This effort will address current basic needs via housing assistance and connection to health, legal, social, and behavioral health services. This grant is expected to serve 144 individuals.</p> <p>Equity Career Pathways – College and Career Readiness grants: The mission of The Foundation @ FCOE, Inc. is to support students by providing exemplary educational programs and services through shared community responsibility. The Foundation will administer Equity Career Pathways – College and Career Readiness grants for Coalinga-Huron, Mendota, Parlier, and Washington Unified school districts. The partnership aims to improve academic performance and on-time graduation as well as preparing students for post-secondary education and/or training. This is expected to serve 3,284 individuals.</p>

Need	Examples of most impactful efforts
	<p>2022 Fresno Economic Opportunity Cohort: The mission of GRID Alternatives Central Valley is to help ensure a rapid, equitable transition to a world powered by renewable energy that benefits everyone. GRID Alternatives is part of the 2022 Fresno Economic Opportunity – Quality Jobs Cohort which aims to increase participation and completion of career training programs that lead to high-growth, high-wage fields. GRID Alternatives will engage and train 46 individuals from predominantly minority communities, including Black, Indigenous and People of Color (BIPOC) and help provide job opportunities in solar photovoltaic installation.</p>
<p>Obesity, Diabetes, and Healthy Eating/Active Living (HEAL)</p>	<p>2022 Building Local Outreach Capacity for CalFresh Enrollment (BLOC) Cohort: Fresno Metropolitan Ministry, Family HealthCare Network, and Central California Food Bank are community-based organizations that support the health of the community through various programs such as sharing learnings, providing health care, supporting community leadership and gathering and distributing food to those in need. As part of the 15 community-based organizations in the BLOC cohort, these organizations will create innovative strategies for increasing CalFresh results and access to healthy affordable food through education, enrollment, and screening. Collectively, these 3 organizations are expected to serve 28,297 individuals.</p> <p>Supplemental Produce program: The mission of the Madera County Food Bank is to give people of all ages healthier options for themselves and their families and improve the quality of life of families and seniors by offering basic sustenance, food education, and self-sufficiency training. Madera County Food Bank was awarded \$95,000 over 2 years to supplement the Commodity Box Program, Brown Bag Program, Emergency Box Program, and Supplemental Nutrition Assistance Program with fresh fruits and vegetables. This grant is expected to serve 30,000 low- to moderate-income families and seniors.</p>

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount	Hospital	Amount
Antioch	\$26,979,813	Anaheim	\$21,601,870
Fremont	\$10,775,834	Baldwin Park	\$24,037,175
Fresno	\$16,122,555	Downey	\$36,123,611
Manteca	\$35,447,298	Fontana	\$49,456,960
Modesto	\$19,217,602	Irvine	\$8,249,194
Oakland	\$57,855,966	Los Angeles	\$51,258,150
Redwood City	\$17,607,838	Moreno Valley	\$10,967,852
Richmond	\$38,236,498	Ontario	\$13,561,310
Roseville	\$41,485,857	Panorama City	\$30,321,078
Sacramento	\$78,593,064	Riverside	\$25,836,843
San Francisco	\$37,437,762	San Diego (2 hospitals)	\$32,583,411
San Jose	\$35,086,101	South Bay	\$25,857,573
San Leandro	\$34,010,384	West Los Angeles	\$34,885,308
San Rafael	\$13,812,578	Woodland Hills	\$18,267,776
Santa Clara	\$46,557,864		
Santa Rosa	\$26,553,430		
South Sacramento	\$53,235,083		
South San Francisco	\$13,500,189		
Vacaville	\$18,910,992		
Vallejo	\$31,618,729		
Walnut Creek	\$20,114,925		
Northern California Total	\$673,160,362	Southern California Total	\$383,008,112

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 employment 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.