



Community Benefit Plan FISCAL YEAR 2022



RICHMOND

Northern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

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

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-Richmond service area demographic profile](#)

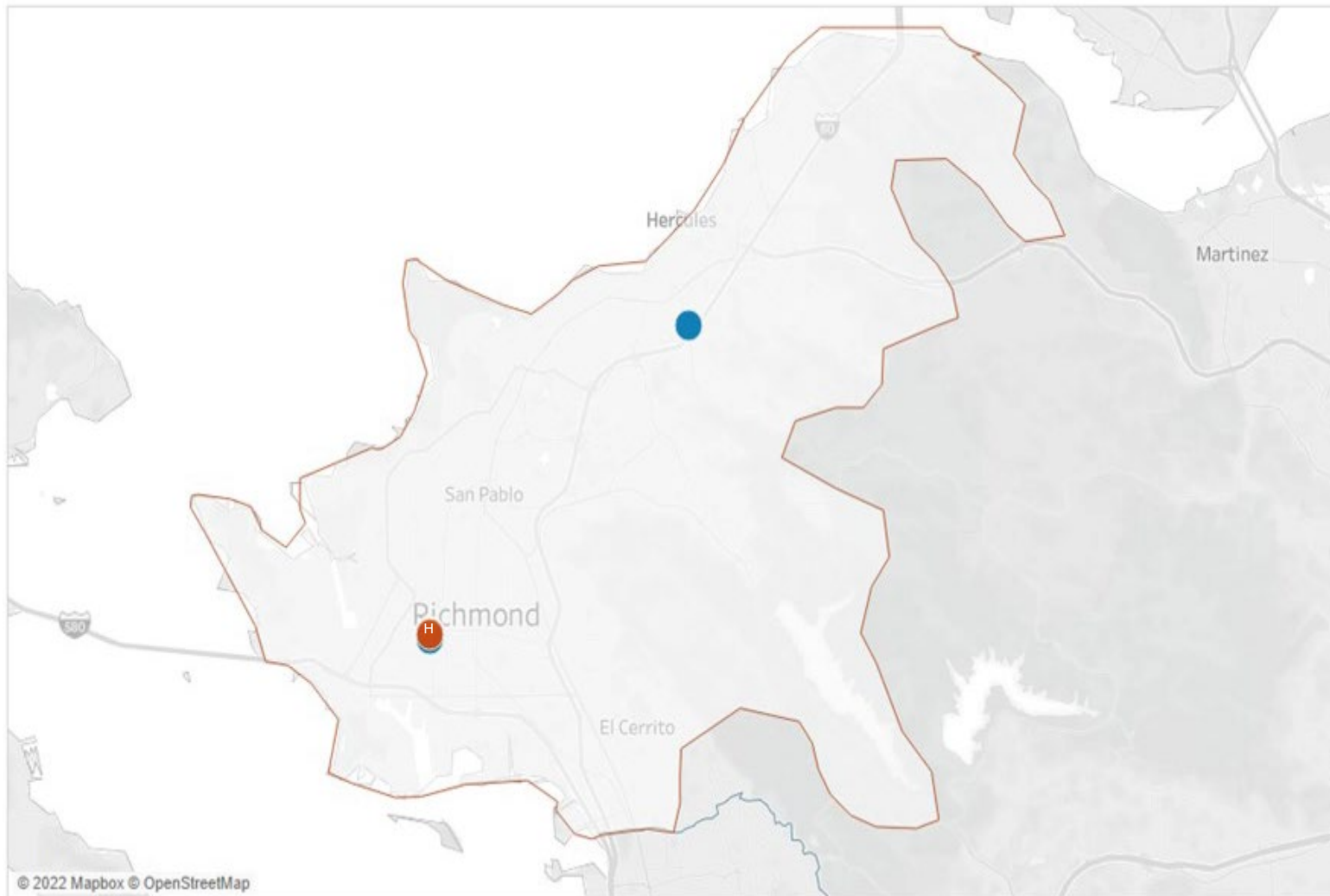
| | |
|--|----------------|
| Total population: | 253,639 |
| American Indian/Alaska Native | 0.3% |
| Asian | 22.1% |
| Black | 17.7% |
| Hispanic (Latinx) | 35.2% |
| Multiracial | 3.9% |
| Native Hawaiian/other Pacific Islander | 0.5% |
| Other race/ethnicity | 0.4% |
| White | 20.0% |
| Under age 18 | 21.1% |
| Age 65 and over | 14.4% |

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH-Richmond service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



The KFH-Richmond service area includes the major cities and towns of Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo in Contra Costa County.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Richmond 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:** Barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. Community members discussed these barriers, specifically those related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists, especially for Medi-Cal patients. The health care workforce overall was a topic frequently addressed by professionals, who cited low reimbursement rates for clinicians as an impediment to accepting Medi-Cal patients. Many community members in the KFH-Richmond service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible. Health Care Access and Delivery is an area where KFH-Richmond sees the greatest opportunities to leverage Kaiser Permanente assets, align with needs identified by community members through the CHNA process, and make an impact on the unmet needs for access that have the greatest potential to affect future health outcomes.
2. **Mental and Behavioral Health:** Community members from the service area emphasized depression and stress, as well as the co-occurrence of mental health and substance use. These issues may be partially driven by social isolation. KFH-Richmond community members identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. Like Health Care Access and Delivery, Behavioral Health received high scores for the potential to leverage Kaiser Permanente assets and for the feasibility of making an impact, particularly in terms of persistent disparities in accessing care and treatment. In particular, the role of ACEs offers opportunities for screening, intervention, and prevention, as well as collaboration with schools and other systems.
3. **Economic Security:** Community members discussed food insecurity, risk of homelessness, and employment as key factors in economic security. Residents emphasized that while there may be plenty of jobs in the service area, these jobs do not pay enough to cover the high cost of living. Community members described how individuals with lower incomes may have a harder time accessing care, which impacts health outcomes. For example, community members observed that individuals working low-wage jobs are among those who can least afford to miss work to attend to their health. Educational attainment and employment are an important predictor of economic stability. In the KFH-Richmond service area, however, fewer than six in ten adults have any post-secondary education, a proportion significantly lower than the state average of 64%. The proportion of children eligible for free or reduced-price lunch is significantly higher in the KFH-Richmond service area compared to the state average, an indicator of food insecurity. While the Economic Security health need did not receive the highest scores for leveraging Kaiser

Permanente assets, the feasibility of making an impact, or evidence-based and/or promising approaches, each of these criteria has scored higher in this cycle than in previous ones. In part, this is due to the recognition of the connections between economic security and many aspects of the other health needs, such as housing and homelessness, food security, safety, and education and literacy. As a result of these connected issues and the potential to amplify Kaiser Permanente's contributions through additional regional and national investments, the Economic Security health need was included as a top priority.

B. Health Needs Not Addressed

1. **Healthy Eating/Active Living (HEAL):** The HEAL health need received high scores from Community Health Investment Committee (CHIC) members but was a lower priority in the CHNA process. In addition, CHIC members noted that significant investments had already been made. The group agreed to incorporate one element of this health need— food security—into the Economic Security emphasis.
2. **Housing and Homelessness:** Housing and Homelessness was ranked in the middle of the health needs by the CHIC members. This health need received lower scores than most of the other health needs (except Transportation/Traffic and Climate/Natural Environment) in terms of leveraging community assets and was also in a lowest tier in terms of the feasibility of Kaiser Permanente having an impact. Recognizing the link between Economic Security and Housing and Homelessness, this health need was incorporated into the Economic Security priority health need and is also being addressed by national strategies in the KFH-Oakland service area.
3. **Education and Literacy:** This health need was rated as a medium priority in the CHNA and received similar rankings in the CHIC process. Relative to other health needs, it received lower rankings for the ability to leverage Kaiser Permanente expertise or organizational assets, and for the feasibility of making an impact. However, the CHIC members selected elements of Education and Literacy—notably job training and workforce development—in the Economic Security health need, as well as mental health and wellness for school-aged children under Behavioral Health.
4. **Community and Family Safety:** This health need received relatively low rankings from CHIC members for the availability of evidence-based or promising approaches, the ability to leverage Kaiser Permanente expertise or assets, and the feasibility of making an impact. However, some elements of Community and Family Safety are specifically addressed by strategies included in the priority health needs—particularly addressing trauma through the education and behavioral health systems, helping people navigate and access health and non-medical social services (including survivors of domestic violence and human trafficking), and supporting interventions that increase economic security and reduce homelessness (such as providing specialized educational and behavioral health services designed for those experiencing re-entry or homelessness).

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

| Category | Total |
|---|---------------------|
| Medical Care Services for Vulnerable Populations | |
| Medi-Cal shortfall ¹ | \$33,130,487 |
| Charity care: Medical Financial Assistance Program ² | \$2,939,244 |
| Grants and donations for medical services ³ | \$147,500 |
| Subtotal | \$36,217,231 |
| Other Benefits for Vulnerable Populations | |
| Youth Employment programs ⁵ | \$52,457 |
| Grants and donations for community-based programs ⁶ | \$339,967 |
| Community Benefit administration and operations ⁷ | \$235,522 |
| Subtotal | \$627,946 |
| Benefits for the Broader Community | |
| Community Giving Campaign administrative expenses | \$15,775 |
| Grants and donations for the broader community ⁸ | \$304,282 |
| National Board of Directors fund | \$13,221 |
| Subtotal | \$333,278 |
| Health Research, Education, and Training | |
| Graduate Medical Education ⁹ | \$0 |
| Non-MD provider education and training programs ¹⁰ | \$242,964 |
| Health research | \$815,079 |
| Subtotal | \$1,058,043 |
| TOTAL COMMUNITY BENEFITS PROVIDED | \$38,236,498 |

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-Richmond. 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-Richmond 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-Richmond provided access to care to 14,154 Medi-Cal members and provided financial assistance to 1,893 people through the Medical Financial Assistance (MFA) program.</p> |
| | <p>Strengthening Access to Assure Equity in Health: The mission of Brighter Beginnings is to support healthy births and successful child development by partnering with parents and helping to build strong communities. Brighter Beginnings was awarded \$95,000 over 1 year for the Strengthening Access to Assure Equity in Health project. The goals are to work with community members and partner agencies to create synergistic outreach and enrollment activities for those who do not have a medical home. This grant is expected to serve 3,500 undocumented and Black people in East Contra Costa (Bay Point to Bethel Island) and West Contra Costa (primarily Richmond). The grant was split evenly between KFH-Antioch and KFH-Richmond.</p> |
| | <p>Donated Surgical and Specialty Care: The mission of Operation Access (OA) is to enable local health providers to donate surgical and specialty care to people in need. OA coordinates essential health services that will restore health, return people to work, and improve the quality of life for people with few alternatives for care. OA's project will provide donated surgical and specialty care for low-income and uninsured Northern California adults. This is expected to serve 1,000 patients through care coordination and surgery. (This partnership impacts 13 service areas across NCAL)</p> |
| <p>Mental and Behavioral Health</p> | <p>Building Beloved Community Where Black, Indigenous and People of Color (BIPOC) Young People Can Thrive: The mission of RYSE Inc. is to create safe spaces grounded in social justice for young people ages 13-24 across Richmond and West Contra Costa County to love, learn, educate, heal, and transform their lives and communities. RYSE was awarded \$25,000 over 1 year. Building Beloved Community will engage BIPOC youth and community, cultivating healing and justice. This grant is expected to serve 800 individuals.</p> |

| Need | Examples of most impactful efforts |
|--------------------------|---|
| | <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 impacts 21 service areas across NCAL)</p> <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 impacts 21 service areas across NCAL)</p> |
| Economic Security | <p>Build Back Stronger: The mission of the San Pablo Economic Development Corporation (San Pablo EDC) is to develop, diversify and stabilize the local economy through education and training of the workforce and businesses. San Pablo EDC was awarded \$100,000 over 2 years to increase equitable economic opportunity to build back stronger and advance overall health equity. This grant is expected to serve 60 people.</p> <p>The Hidden Genius Project Bay Area Programming: The Hidden Genius Project trains and mentors black male youth in technology creation, entrepreneurship, and leadership skills to transform their lives and communities. Their Bay Area Programming initiative will deliver intensive and holistic STEAM (science, technology, entrepreneurship, arts, and mathematics) and leadership programming to cohorts of young people in Oakland and Richmond. This is expected to serve 1,200 students. (This partnership impacts 2 service areas across NCAL)</p> |

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

| NORTHERN CALIFORNIA HOSPITALS | |
|----------------------------------|----------------------|
| Hospital | Amount |
| Antioch | \$26,979,813 |
| Fremont | \$10,775,834 |
| Fresno | \$16,122,555 |
| Manteca | \$35,447,298 |
| Modesto | \$19,217,602 |
| Oakland | \$57,855,966 |
| Redwood City | \$17,607,838 |
| Richmond | \$38,236,498 |
| Roseville | \$41,485,857 |
| Sacramento | \$78,593,064 |
| San Francisco | \$37,437,762 |
| San Jose | \$35,086,101 |
| San Leandro | \$34,010,384 |
| San Rafael | \$13,812,578 |
| 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 HOSPITALS | |
|----------------------------------|----------------------|
| Hospital | Amount |
| Anaheim | \$21,601,870 |
| Baldwin Park | \$24,037,175 |
| Downey | \$36,123,611 |
| Fontana | \$49,456,960 |
| Irvine | \$8,249,194 |
| Los Angeles | \$51,258,150 |
| Moreno Valley | \$10,967,852 |
| Ontario | \$13,561,310 |
| Panorama City | \$30,321,078 |
| Riverside | \$25,836,843 |
| San Diego (2 hospitals) | \$32,583,411 |
| South Bay | \$25,857,573 |
| West Los Angeles | \$34,885,308 |
| Woodland Hills | \$18,267,776 |
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| | |
| 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.