



Consolidated Community Benefit Plan FISCAL YEAR 2023

Kaiser Foundation Hospitals in California

FRESNO 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)

Table of Contents

- I. Introduction and Background**
 - A. About Kaiser Permanente
 - B. About Kaiser Permanente Community Health
 - C. Purpose of the Report
- II. Overview and Description of Community Benefit Programs Provided**
 - A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution
 - B. Medical Care Services for Vulnerable Populations
 - C. Other Benefits for Vulnerable Populations
 - D. Benefits for the Broader Community
 - E. Health Research, Education, and Training Programs
- III. Community Served**
 - A. Kaiser Permanente's Definition of Community Served
 - B. Demographic Profile of Community Served
 - C. Map and Description of Community Served
- IV. Description of Community Health Needs Addressed**
 - A. Health Needs Addressed
 - B. Health Needs Not Addressed
- V. Year-End Results**
 - A. Community Benefit Financial Resources
 - B. Examples of Activities to Address Selected Health Needs
- VI. Appendix**

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-Fresno service area demographic profile](#)

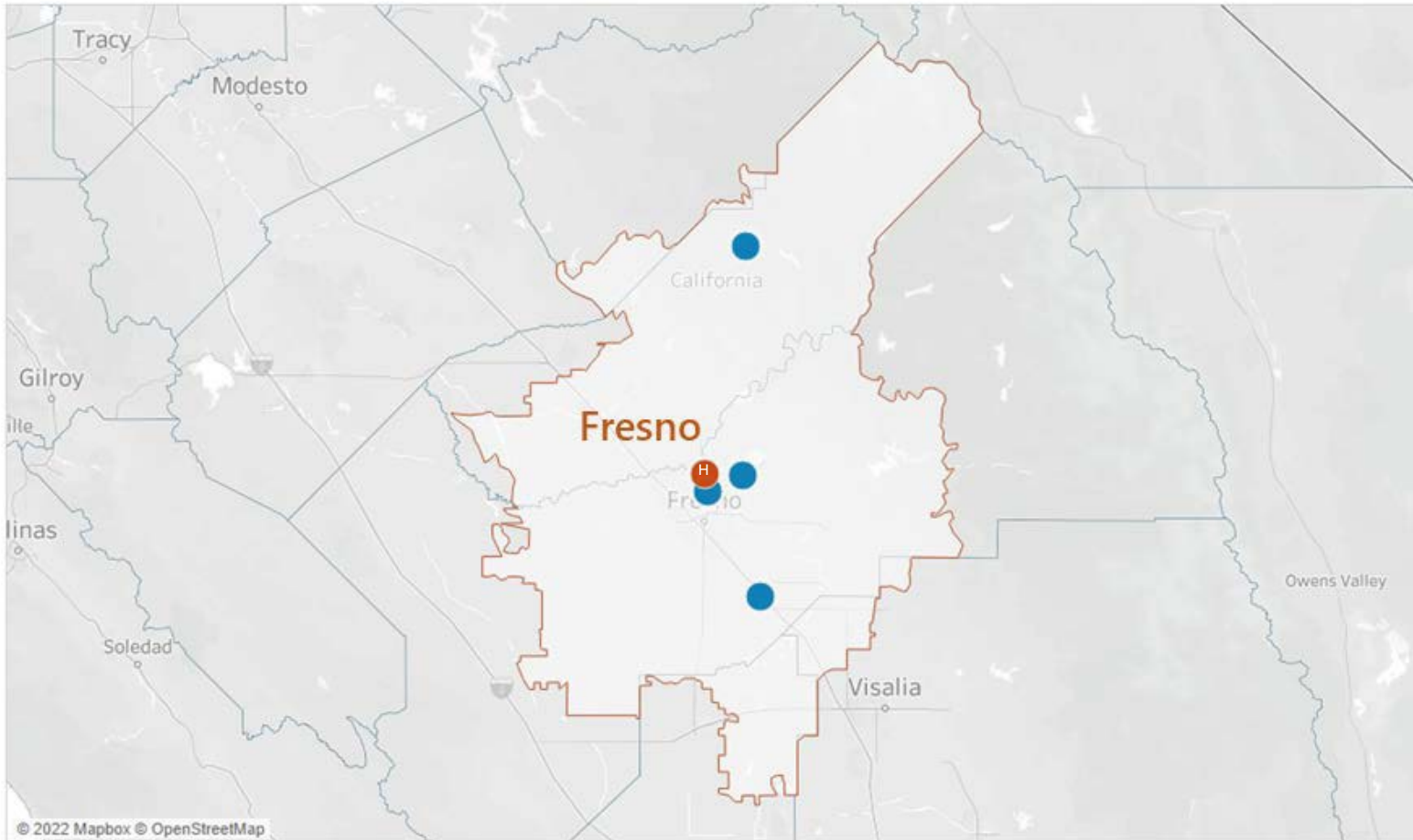
Total population:	1,206,026
American Indian/Alaska Native	0.6%
Asian	9.0%
Black	4.1%
Hispanic	54.7%
Multiracial	2.1%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	29.2%
Under age 18	28.7%
Age 65 and over	12.4%

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, Yokuts Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

IV. Description of Community Health Needs Addressed

The following are the health needs KFH-Fresno 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 such as a primary health care provider — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Fresno service area is strained, lacking easily accessible, affordable health care providers who represent the communities they serve. This provider shortage exacerbates existing inequities experienced by disadvantaged and underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area facilitating access to care for low-income service area residents, however communities with large Hispanic populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers. The pandemic negatively impacted Fresno service area residents' ability and desire to access health care and the switch to telehealth proved difficult for seniors and those with unreliable internet access.
2. **Healthy Eating Active Living opportunities:** The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Parts of the Fresno service area lack access to healthy food due to financial and geographic barriers. While SNAP enrollment in the service area is more than double the state average, the number of convenience stores is also significantly higher, indicating service area residents' need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. Key informants described food bank services as in high demand and needing more culturally appropriate offerings. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases. The built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Fresno service area has less infrastructure to support physical activity, including: less tree canopy cover, a lower walkability index, and a smaller percentage of workers commuting by public transit, walking, or biking than the state average. Additionally, ZIP codes with larger Hispanic populations than the service area average saw lower walkability indexes. Key informants stated that residents in lower-income communities simply do not have a built environment and community infrastructure to support a healthy lifestyle.
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 participate fully in family and community activities. Mental and behavioral health is a critical and

urgent health need in the Fresno service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations where the need has been amplified by the pandemic. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language/culture, and social stigma. Key informants in the Fresno service area identified substance use as a top need, stressing the inextricable tie to mental and behavioral health and noting that there was a substantial rise in substance use during the pandemic. Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Key informants listed children, adolescents, the elderly, unhoused, low-income residents, immigrants, LGBTQ+ residents, and communities of color as having high need for accessible mental health services.

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. While employment rates in the Fresno service area are higher than the California average, income is lower, and poverty is higher. As a result, food insecurity is a concern for many residents. Affordable, easily accessible healthy foods are a key element of the social determinants of health, and programs such as WIC and the Fresno County Health Improvement Partnership are working to ensure sustainable access to healthy foods for children. However, key informants expressed concern that these organizations are limited in what they can accomplish and asserted that more resources are needed. Areas with larger Hispanic populations than the service area average perform better than the state average on employment indicators (unemployment rate and the jobs proximity index), while simultaneously performing worse on all income and poverty indicators, pointing to disparities in quality jobs. Key informants felt that inequities in economic security were made more apparent during the pandemic and that communities of color were disproportionately affected.

B. Health Needs Not Addressed

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

Reason	Chronic disease & disability	Community safety	Housing
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
Aspects of this need will be addressed in strategies for other needs	x	x	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-Fresno Community Benefits Provided in 2023** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$5,159,990
Charity care: Charitable Health Coverage programs	\$30
Charity care: Medical Financial Assistance Program ²	\$10,604,995
Grants and donations for medical services ³	\$761,156
Subtotal	\$16,526,170
Other Benefits for Vulnerable Populations	
Youth Internship and Education programs ⁵	\$81,219
Grants and donations for community-based programs ⁶	\$967,500
Community Benefit administration and operations ⁷	\$181,072
Subtotal	\$1,229,791
Benefits for the Broader Community	
Community Giving Campaign administrative expenses	\$8,126
Grants and donations for the broader community ⁸	\$1,049,662
National Board of Directors fund	\$15,386
Subtotal	\$1,073,174
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$318,863
Non-MD provider education and training programs ¹⁰	\$641,212
Health research	\$1,138,827
Subtotal	\$2,098,901
TOTAL COMMUNITY BENEFITS PROVIDED	\$20,928,037

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 [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 aims to address the identified health needs for KFH-Fresno. The examples provided below are illustrations and not an exhaustive list.

In addition to the highlights outlined in the tables to address specific health needs, Kaiser Permanente NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds, however, are not included in the financial totals for 2023.

Need	Examples of most impactful efforts
<p>Access to Care</p>	<p>Medi-Cal and Charity Care: In 2023, KFH-Fresno provided access to care to 8 Medi-Cal members and provided financial assistance to 6,640 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Medi-Cal Application/Redetermination Outreach, Education, and Enrollment Services: Our collaboration with these 5 community organizations provides culturally responsive Medi-Cal application and redetermination support in Fresno: The Alliance for Medical Outreach and Relief, Centro La Familia Advocacy Services, Inc., Fresno Interdenominational Refugee Ministries, Centro Binacional para el Desarrollo Indigena Oaxaqueño (Binational Center for the Development of Oaxacan Indigenous Communities), and Jakara Movement. These organizations provide linguistically and culturally appropriate health insurance enrollment services, retention support, and outreach education to Latino, Indigenous, and migrant communities that have high percentages of uninsured residents to improve access to care for disadvantaged and unserved populations, primarily those with Limited English Proficiency. These projects are expected to serve 8,500 individuals and families in underserved areas. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Advancing Population Health Through Clinical Pharmacy Integration: The mission of Camarena Health is to promote healthy communities by providing quality and compassionate care. Camarena Health was awarded \$125,000 over a year. The population health campaign will improve medication adherence and selection, enhance monitoring of chronic conditions, and provide superior patient care by integrating a clinical pharmacist. This project is expected to serve 2,500 individuals. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
<p>Healthy Eating Active Living Opportunities</p>	<p>Meal and Nutrition Distribution to Local Schools: Our collaboration with the Catholic Charities of the Diocese of Fresno, Foundation for Central Schools, and Madera Unified School District works to address meal and nutrition distribution to school students and their families, along with access to CalFresh enrollment. The Catholic Charities of the Diocese of Fresno's Meal and Nutrition Distribution program partners with local Learn4Life charter schools to provide boxes of pantry staples to families. The Foundation for Central Schools' Well-being Project Phase 2 serves socioeconomically disadvantaged school sites with access and resources to bridge the gap of food insecurity, housing, homelessness, and college and career readiness. The Madera Unified School District supports the Children and Youth in Transition Program's food pantry which serves students and families experiencing homelessness or who are in the foster care system. (These grants impact 1 hospital service area in NCAL)</p>
	<p>Food Distribution Project: The Fresno County Economic Opportunities Commission is the designated Community Action Agency, operating over 35 human service programs designed to reduce poverty, increase self-sufficiency, and build stronger communities. Our partnership with the Fresno County Economic Opportunities Commission supports the Food Distribution Project. This collaboration with schools in rural communities across Fresno County will supply 3,600 low-income families with boxes filled with nutritious, healthy, and fresh food commodities. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>#SaveTheSeniors: The mission of the Cultiva La Salud is to engage, inform, and inspire disadvantaged residents in the San Joaquin Valley. Our partnership with Cultiva La Salud supports their work to help clients remain self-sufficient in their homes and communities. #SaveTheSeniors is an expansion of the #SaveTheSeñoras project; vulnerable men and women aged 65 and older in Fresno will be served medically tailored food boxes from the Central CA Food Bank and fresh produce from small ethnic farmers. This project is expected to serve 200 individuals. (This grant impacts 1 hospital service area in NCAL)</p>

Need	Examples of most impactful efforts
<p>Mental & Behavioral Health</p>	<p>Community Mental Health Support Project: The mission of Cultural Brokers, Inc. is to support the power of families to strengthen communities. Cultural Brokers, Inc. was awarded \$50,000 over a year. The Community Mental Health Project will prevent and mitigate the negative impact of adverse childhood experiences (ACEs) and the intergenerational cycle of trauma on children and families by promoting improved mental health and wellness. The program focuses on Black, Latino, and other communities experiencing ACEs and trauma in areas of concentrated poverty, including West and Southwest Fresno. This project is expected to serve 200 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Healing Hearts: The mission of the Marjaree Mason Center Inc. is to support and empower adults and children affected by domestic violence while striving to prevent and end abuse through education and advocacy. Marjaree Mason Center Inc. was awarded \$75,000 over a year. The Healing Hearts project provides supervision, oversight, training, and ongoing support for clinicians who administer trauma-informed mental health services. This project is expected to serve 525 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Mental Health Access Project: The mission of The Source LGBTQ+ Center is to provide supportive spaces for LGBTQ+ people to learn, grow, belong, and thrive. The Source LGBTQ+ Center was awarded \$75,000 over a year. This program will provide direct mental health services to gender-diverse clients, 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 wellbeing. This project is expected to serve 980 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
<p>Income & Employment</p>	<p>Creating Equitable Access to Pathways into Health: The mission of the Public Health Institute is to advance well-being and health equity in communities. Public Health Institute was awarded \$90,000 over a year to support the FACES for the Future Coalition. This project inspires youth to lead by creating innovative approaches to youth development, health careers preparation, and wellness. High-school students will learn about public health practice, explore health career pathways, and become certified in Mental Health First Aid, Stop the Bleed, Basic Life Support, and Narcan for overdose prevention to advance their opportunities in college and careers. This is expected to serve 120 students in Sacramento, San Francisco, South Alameda County, and Fresno. (This grant impacts 5 hospital service areas in NCAL)</p>

Need	Examples of most impactful efforts
	<p>Housing for Health: The mission of the Community Action Partnership of Madera County, Inc. is helping people, changing lives, and making the community a better place to live by providing resources and services that inspire personal growth and independence. Community Action Partnership of Madera County, Inc. was awarded \$50,000 over a year. Housing for Health will address the current emergency needs of those individuals and families experiencing homelessness throughout Madera County via assessments, transportation, assistance with rental/mortgage and deposit payments, and emergency shelter. This project is expected to serve 60 individuals. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Building Lives, Community, and Jobs: The mission of GRID Alternatives is to help ensure a rapid, equitable transition to a world powered by renewable energy that benefits everyone. Grid Alternatives was awarded \$100,000 over a year. GRID Alternatives is expected to engage and train 27 individuals from communities of color in solar installation; 24 students will get work training stipends and 3 will receive scholarship support. (This grant impacts 1 hospital service area in NCAL)</p>
	<p>Enriching the Development of Health Profession Pathway Students in the UCSF Fresno Doctors Academy: The mission of the University of California, San Francisco (UCSF) Fresno Regional Campus Latino Center for Medical Education and Research is to improve health in the San Joaquin Valley and Central California through teaching, patient care, research, and community partnerships to provide culturally competent health care services to the medically underserved. University of California, San Francisco was awarded \$90,000 over a year for the UCSF Fresno Doctors Academy to provide comprehensive programming to enrich the development of health profession pathway students. This project is expected to serve 200 underrepresented minority and under-resourced high school students in the Central San Joaquin Valley who are interested in pursuing health careers. (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.