

Going
BEYOND



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About University of California Health



*Delivering
high-quality
care*

6
academic health centers

21
hospitals

5,840
beds

2.5M
patients annually

12M
outpatient visits
annually

1.6M
inpatient days
annually

Caring for people from
99%
of California ZIP codes



*Educating the
next generation
of health
professionals*

21
health professional
schools

6,700
residents

7
health professions

13,200
students



*Advancing
research and
discovery*

5
National Cancer
Institute-designated
comprehensive
cancer centers

5
clinical and
translational
science institutes

4,900
clinical trials across
2,300+
conditions

Statistics drawn from most recent data available.

Letter from the Executive Vice President



Advancing public health extends significantly beyond the clinical care provided within a hospital or clinic setting. That's why health outcomes improve when clinical teams address the intersection of biological, social and environmental factors that directly impact individuals within the communities we serve.

University of California hospitals, clinics, training programs and research are committed to addressing the multitude of factors that impact the health of people across our state, whose communities are a mix of rural and urban areas, income levels and availability of health resources.

As both an academic health system and a critical part of the state's healthcare safety net, UC's academic health centers and clinics support the health of a range of people, such as veterans, older adults, students, rural communities, families and people experiencing homelessness. Many of those who depend on UC for their health have some of the most complex health conditions.

In the context of these wide-ranging needs, our communities help us prioritize our community engagement investments by sharing what they see as the most critical barriers to their health: access to healthcare professionals and facilities, availability of primary care and behavioral health resources, and economic opportunity.

We're working to support the health of our communities in a number of important ways.

Whole-person care, through both care coordination and connections to vital resources beyond medical services, is delivering impact by reducing fragmentation and improving patient experiences.

Prevention and population health strategies use data, technology and insights to help care teams better understand health trends, target interventions and improve long-term outcomes. This work includes reducing health disparities and addressing the social factors that influence health outcomes beyond clinical care.

We are also expanding access to essential services to offset the impact of geography, income, language, insurance status or circumstances on health by addressing social needs such as housing, food access and transportation.

In rural California, care from UC clinicians, health professional training programs and community partnerships help address key challenges, including workforce shortages, financial pressures on rural hospitals, geographic barriers to care and growing rates of chronic disease.

Underlying all these efforts is research in collaboration with community partners to gain insights that enable impactful solutions to address factors that are undermining the health of people across the state.

Our commitment to UC values and to meeting the needs of our communities remains strong, even as UC hospitals and clinics, along with healthcare organizations nationwide, face growing financial challenges due to rising operational costs and declining reimbursement rates.

UC's six academic health centers and faculty practice clinics continue to serve as a vital part of California's healthcare safety net, caring for 2.5 million patients annually, including significant numbers of people covered by Medicare and Medicaid, which is known as Medi-Cal in California, along with those who do not have insurance. In FY 2024–2025, UC's community health engagement efforts reached another high, totaling \$7.3 billion, and included support for community programs, research, training and making up the shortfall in reimbursements for care of Medi-Cal and Medicare members.

As America marks its 250th anniversary, we are reminded that the strength of our nation is rooted in the health and resilience of its communities. For nearly 150 years, the University of California has partnered with communities across our state to improve health, expand opportunities and prepare for the challenges ahead. The work described in this report reflects that enduring commitment, highlighting the many ways UC goes beyond caring for patients to strengthen communities and improve health across California. It is a testament to our public mission, our partnerships and our shared commitment to a healthier future.

Fiat lux,

David Rubin, M.D., MSCE
Executive Vice President
University of California Health

Our commitment to transparency and accountability

The University of California is committed to transparency and accountability, and that commitment extends to the activities of its health system. UC academic health centers recognize the significant and invaluable benefits that support our public health mission as governmental hospital organizations exempt from federal, state and local income taxation. While not required, this voluntary annual report shows how we are investing our resources, capabilities and skills to strengthen community partnerships, improve health outcomes and advance the well-being of the populations we serve.

This report for the fiscal year 2024–2025 goes beyond the technical definition of community benefit that is used by many tax-exempt hospitals. We provide the community benefit and uncompensated care details as we have in past years, and we are also reporting on other areas of community engagement and investments, including our UC Anchor Institution Mission (AIM) programs, Federally Qualified Health Centers (FQHCs) and other community-partnered initiatives and research.

Community engagement overview

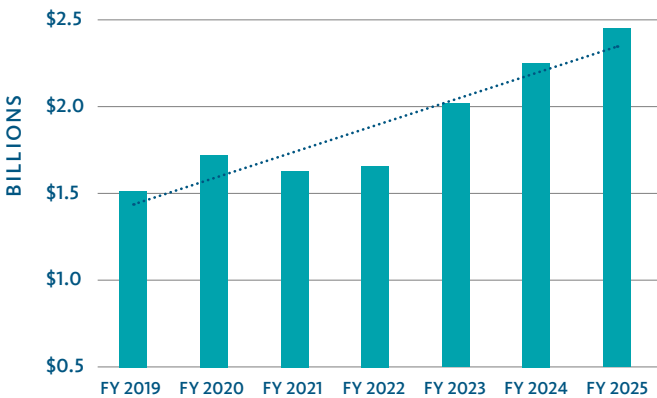
GOING BEYOND

The greatest opportunities to improve health emerge when care, education, research and engagement work together to address the specific needs of our communities. As California’s public academic health system, UC mobilizes collective expertise and resources to improve health at both the individual and community level.

Serving patients from more than 99% of California’s ZIP codes, UC’s academic health centers and faculty practices play a vital role in the state’s healthcare safety net. They provided approximately \$7 billion in FY 2024–2025 in community benefit investments and uncompensated care — care for which UC was not reimbursed by Medi-Cal and Medicare. For example, Medi-Cal may cover only 50%–70% of the cost of a patient’s care, leaving the hospital to absorb the remaining cost.

This investment in community benefit and uncompensated care grew again by 19% over the prior year’s figure and included significant increases in subsidized health services, financial aid and uncompensated care for Medicare members. The FY 2024–2025 total, not including Medicare uncompensated care, equals 10.3% of the combined total operating expenses of UC’s academic health centers. While the comparative data we previously used to benchmark our efforts is no longer available, UC’s community benefit investment and uncompensated care amounts have historically accounted for a disproportionately large share of the statewide totals relative to the size of UC’s combined locations.

UC academic health system community benefit spending has grown by about \$1B over the past six years.



Partnering with our communities

UC’s approach starts with Community Health Needs Assessments and Implementation Strategies, which gather input from residents, community organizations and public agencies to identify local priorities that guide investments and programs and intentional opportunities to best serve our communities.

The stories in this report demonstrate how UC’s public mission comes to life in addressing these needs through care provided, programs, partnerships, innovation, research, training and community support across California.

BEYOND SERVICES: Supporting access to the full continuum of care Health extends beyond a diagnosis or a single clinical encounter. UC’s health locations are helping people get the care they need through care coordination that enables more efficient visits, referrals to related resources, access to clinical trials and more convenient care options.

BEYOND TREATMENT: Improving wellness through prevention, detection and management Improving health requires more than treating illness. These stories explore how UC advances prevention, early detection and chronic disease management through research, data-informed care, integrated care models and community partnerships.

BEYOND THE BEDSIDE: Advancing community health, education and opportunity Health is shaped by the communities where people live, learn and work. This section features stories about how UC community health efforts are strengthening communities by investing in regional economies, empowering Californians through health education and sharing academic medical knowledge to make sure that UC expertise helps more people throughout the state.

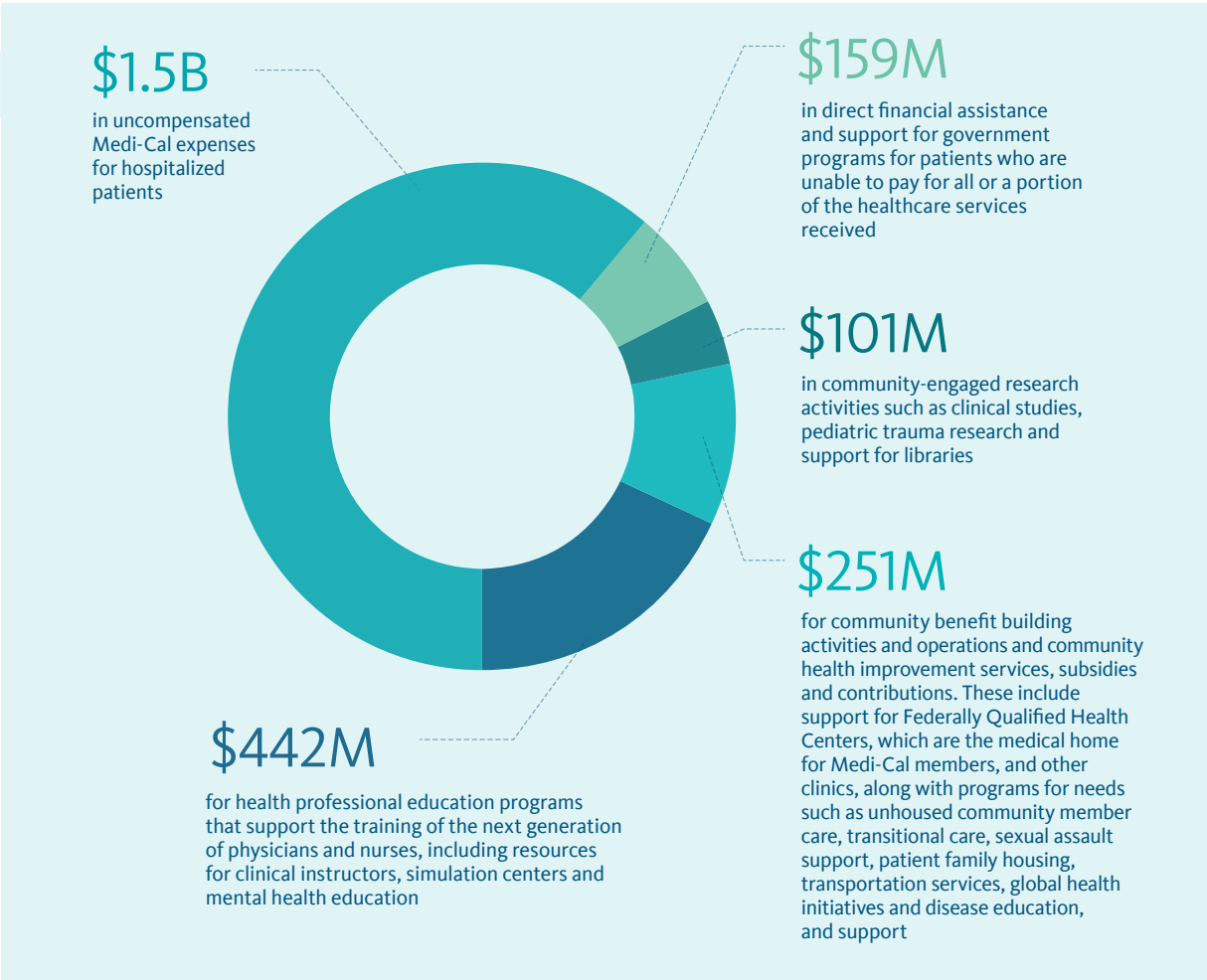
Together, these stories reflect UC’s role as both a healthcare provider and a community partner. From supporting healthy starts for children and families to expanding rehabilitation and wellness programs for older adults, strengthening rural healthcare and building statewide partnerships that connect people to essential services, these initiatives illustrate how UC goes beyond caring for patients to improve the health and well-being of California’s communities.

In FY24–25, UC contributed \$7.3 billion in community benefit and uncompensated care.

UC academic health centers

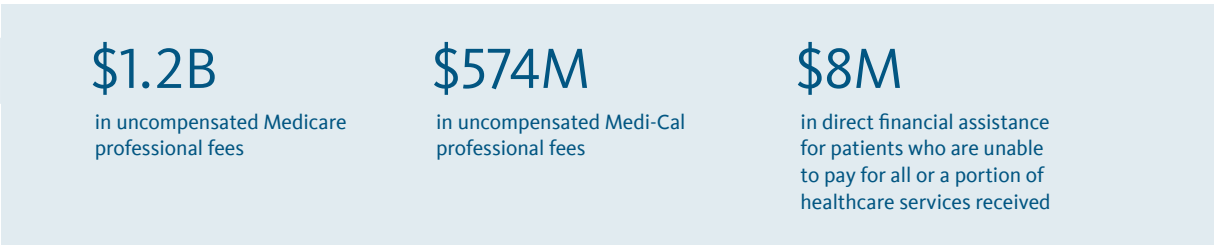
\$2.5B
hospital net community benefit, equal to 10.3% of total hospital operating expenses

\$3.1B
uncompensated Medicare expense for hospitalized patients



UC faculty practice groups

\$1.8B
in uncompensated expenses for patient care and financial aid



Note: A more detailed financial table is available in Exhibit 1 on page 23, and definitions of investments are given in the appendix on page 26.

01

BEYOND SERVICES

Supporting access to the full continuum of care

Health happens in hospitals, clinics and doctors' offices — but it also happens beyond them.

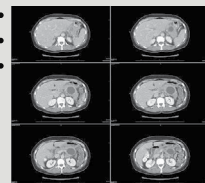
UC's whole-person approach goes beyond treating illness. It coordinates medical care, making visits more efficient and connecting patients to community resources to support health before, during and after treatment. By improving access across the continuum of care, UC is strengthening health outcomes for individuals while building healthier communities.

UC academic health centers and clinics care for:

Patients from
99%
of California
ZIP codes

154,242
cancer patients

4,900
clinical trials across
2,300+ conditions



“I feel like I’m going to be one of those rare survivors of pancreatic cancer.”

KALINDA UKANWA ZEIGER

A UCLA Health clinical trial participant who said there were moments during her treatment when she felt like she’d “won the lottery”



When recurring abdominal pain led Kalinda Ukanwa Zeiger to UCLA Health, she never expected a pancreatic cancer diagnosis. A multi-disciplinary team connected her to a UCLA- developed clinical trial that shrank her tumor enough to make surgery possible. Today, she is in complete remission — a testament to how access to clinical trials, coordinated specialty care and whole-person support can create new possibilities for patients facing one of the deadliest cancers.

At UCLA Health, whole-person oncology services are offered to complement medical treatment by supporting patient’ nutritional needs, emotional well-being, sleep health, and the logistical and financial challenges that can accompany a cancer diagnosis.

KEY FACTS



67,530

people are expected to be diagnosed with pancreatic cancer this year in the U.S., where routine screening is not available and symptoms are often difficult to recognize.



13%

is the current five-year survival rate for pancreatic cancer, underscoring the importance of early diagnosis and access to innovative treatments.¹

SURROUNDED BY SUPPORT

Diagnosis

Kalinda sought care at UCLA Health after experiencing recurring abdominal pain.

Treatment

Kalinda enrolled in a UCLA Health clinical trial to shrink pancreatic tumors before successful surgery, which was at Ronald Reagan UCLA Medical Center.

Outcome

Pathology results showed no living cancer cells remained in the tumor tissue.

LEARN MORE ↗

[Winning the lottery with a clinical trial to treat pancreatic cancer](#)
| [UCLA Health Jonsson Comprehensive Cancer Center](#)

BEYOND SERVICES

UCLA Health

Extending the safety net for those in need

UCLA Health expands access to community-based healthcare and essential supports for people with various vulnerabilities, including individuals experiencing homelessness, to help them stabilize after a health crisis. Through partnerships with FQHCs and community providers, UCLA Health supports primary and specialty care, street medicine, recuperative and transitional care, home health, transportation and basic needs assistance (food and clothing) — including more than \$6 million in extended and transitional care for some of the community's most under-resourced individuals following healthcare crises. These services are provided at no cost to patients who lack other means to pay.

2,000

people helped with transitioning from the hospital

34,000+

street medicine encounters



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UCSF Health

Expanding after-hours connections to care

UCSF Health Hyde Hospital and UCSF Health Stanyan Hospital partnered with Code Tenderloin to launch the Nights and Weekends Navigation Program, addressing a long-standing gap in connecting patients to services after hours. Operating from 7 p.m. to 3 a.m., Code Tenderloin staff respond directly to the hospitals' emergency departments to connect patients experiencing substance use with shelter, crisis stabilization housing, navigation sites, substance use treatment and workforce development opportunities. Prior to the program, the emergency departments had limited ability to connect patients to substance use services during moments of crisis. The partnership addresses a critical community need while expanding the continuum of care available to hospital patients.

200+

connections to drop-in sites like the Meth Sobering Center and Crisis Stabilization Units

75+

connections to shelter²

BEYOND SERVICES

UC San Diego Health

Collaborating to connect patients with community resources

UC San Diego Health, in collaboration with 211 San Diego and Epic, launched the nation's first direct integration between Epic's Community Referral Network and a 211 organization to address patients' social drivers of health directly within the electronic health record workflow. Building on a successful 2023 transportation pilot through the San Diego Community Information Exchange, the platform now enables UC San Diego Health hospitals, emergency departments and Population Health programs to connect patients with community resources that address transportation, food insecurity, housing instability and financial strain.

141

community partners and more than 410 available services are now connected through the platform

83%

of patients referred through the initial transportation pilot completed their follow-up appointments.



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UCI Health

A medical home at UCI Health's FQHC

With locations in Santa Ana and Anaheim, UCI Health Family Health Center is the oldest FQHC in Orange County and is recognized as one of the top FQHCs in the country. The center also serves as a training facility for medical students, nurse practitioners, physician assistants and resident physicians in areas of family medicine, pediatrics, obstetrics and gynecology. With 98% of patients below 200% of the federal poverty line, the FQHC cares for more than 28,800 patients annually through 104,000 patient visits. All patients — regardless of ability to pay — can receive care on a sliding fee scale.

66%

of patients are on Medicaid/CHIP

653%

increase in uninsured children,
122% increase in uninsured adults

BEYOND SERVICES

UC DAVIS HEALTH

Advancing brain health and clinical trial research together

UC Davis partnered with community organizations, public health leaders and local advocates to host the Fourth Annual Brain Health Community Forum, bringing older adults and caregivers from underserved Sacramento communities together to learn about healthy aging, brain health, clinical research opportunities and local support services. Led by researchers from the Greater Sacramento Women's Brain Health (GROW) Study and the Alzheimer's Disease Research Center, the forum featured practical education on topics such as healthy aging, independent living technologies, fraud prevention, physical activity and caregiver resources, while connecting participants with opportunities to engage in clinical research.

120+

older adults and caregivers
attended the community forum

6+

community partners
collaborated to provide brain
health education, research
opportunities and resources



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UCI Health

Bringing community voices into clinical trial research

UC Irvine's Institute for Clinical and Translational Science (ICTS) engages patients, caregivers and community members as partners in research through Community Engagement Studios. These structured conversations give researchers direct feedback on study design, recruitment strategies, communication and sharing results, helping ensure research reflects the needs and experiences of the communities it is intended to serve. In 2025, Community Engagement Studios informed research on neural cell therapy for traumatic brain injury and treatment of the temporomandibular (TMJ) disc complex, while the ICTS Community Advisory Board provided ongoing guidance across the institute's research activities.

14

community representatives
serve on the ICTS Community
Advisory Board

2

Community Engagement Studios
informed clinical research on
traumatic brain injury and TMJ
disorders in 2025

02

BEYOND TREATMENT

Improving wellness through prevention,
detection and management

Wellness goes beyond treating illness — it focuses on preventing disease, detecting health risks early and helping people prevent and manage chronic conditions such as diabetes, hypertension, heart disease and behavioral health conditions. Across UC academic health centers and clinics, healthcare professionals are offering screenings, using data-driven tools to identify risk and integrating preventive services into routine care to help people live healthier lives.

948,866

primary care
patients

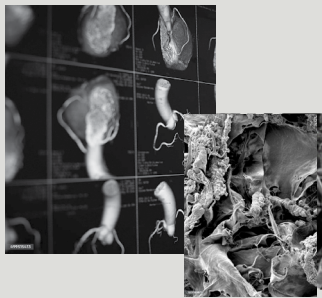
52,563

diabetes
patients

121,247

hypertension
patients

Data as of FY25-26



02 BEYOND ONE VISIT

Transforming diabetes management through population health

“Combining many routine tests into one primary care visit is crucial to helping people manage their diabetes, and this also helps the team maintain a more holistic view of their ongoing care plan.”

CHRISTINE THORNE, M.D., UC SAN DIEGO HEALTH

One of the leads of the UC Population Health Diabetes Care Management Initiative



Led by UC Population Health across all six UC academic health centers, the Diabetes Care Management Initiative brings together primary care, pharmacy, tele-ophthalmology and data-driven care management to improve outcomes for people living with diabetes. By integrating services into routine visits and tailoring care to patients’ needs, UC is helping to make primary care more efficient and more impactful for patients.

KEY FACTS



14%

increase in blood sugar control across UC patient populations over the past four years.



95%

of comparable California institutions are now outperformed by UC’s blood sugar control rates.

A NEW ERA OF IMPROVING WELLNESS

Data-driven benchmarking tools

Dashboards for comparing results and measuring impact, helping teams identify best practices for groups of patients.

Culturally tailored care plans

Educational materials and outreach are adapted to fit patients’ cultures and languages.

Testing integrated into primary care visits

Blood glucose testing and eye exams handled together with routine primary care, removing the need for extra appointments.

Data improves performance

UC Davis Health began piloting AI to automate diabetic retinopathy grading, giving real-time feedback so patients can get necessary eye care faster.

BEYOND TREATMENT

UCSF Health

Connecting NICU infants and families to early intervention and support

The Special Start Neonatal Follow-Up (NFU) program at UCSF Benioff Children's Hospital Oakland provides multidisciplinary, trauma-informed, community-based medical case management and intensive family support services for Alameda County's medically complex Neonatal Intensive Care Units (NICU) infants and children, ages 0–3 years. The program provides early intervention, coordinated access to medical, developmental and social support services, and individualized care plans tailored to each child's needs. Working with community partners, the care team bridges the transition from the medical center to home, helping vulnerable infants and their families quickly access the services and support needed for healthy development.

158

families received multidisciplinary follow-up and support services

4+

types of health professionals included in the Special Start team, including nurses, social workers, physical therapists and nutritionists



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UCLA Health

Bringing world-class preventive care into the community

UCLA Health expanded access to preventive care by bringing screenings, health education and medical services directly to under-resourced communities throughout Los Angeles. Working alongside community organizations, local government leaders and volunteers, UCLA Health clinicians and outreach staff provided services at community events, including the LA Unified School District health fair, the Inglewood Community Health Fair, the South LA Taste of Soul festival and other community health events in partnership with the Los Angeles Dodgers Foundation.

32,000+

people received community-based screenings, preventive services and health education

13

large-scale community health events were held in partnership with the Los Angeles Dodgers Foundation

BEYOND TREATMENT

UC DAVIS HEALTH

Free screenings for uninsured or underinsured community members

UC Davis Health's Department of Radiology provided free screening mammograms to help meet the needs of uninsured and underinsured communities in the Sacramento region. The screening mammograms, which can help detect breast cancer at an early stage, were available to women ages 40 to 74 who had not had a mammogram in the past year and were not experiencing symptoms. UC Davis Health partnered with the community clinic WellSpace Health to arrange additional diagnostic tests or follow-up care when needed.

95

uninsured and underinsured women received free breast cancer screenings

\$135,043

in community benefit supported the screening program



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UC San Diego Health

Supporting recovery through community-based rehabilitation

The Programs for Active Living and Support (PALS) at UC San Diego Health East Campus Medical Center offer post-treatment classes and support groups for older adults and individuals living with physical disabilities. Open to both UC San Diego Health patients and the broader community, PALS promotes healthy aging and supports recovery following stroke, brain injury and other physical disabilities through senior fitness, balance training, art activities and support groups. In partnership with the City of San Diego Parks and Recreation Department's Therapeutic Recreation Section, PALS also offers free monthly community-based recreation programs that support continued recovery for individuals with brain injuries.

3,000

people participated in PALS programs during FY 2025-26

10+

programs, classes and groups support healthy aging and successful rehabilitation following a stroke or physical disability

03

BEYOND THE BEDSIDE

Advancing community health,
education and opportunity

Beyond the clinic, UC health locations are addressing social and economic factors that impact people's health. Teams are connecting patients with community-based supports such as housing, food and transportation assistance, while also strengthening economic foundations in communities through training pathways to higher-paying jobs and partnering with community-based suppliers. UC also extends its educational mission by sharing academic medical expertise through programs that educate and empower communities to make informed health-related decisions.

~200,000
jobs are supported by UC's
health locations across the state

\$37 billion
in economic activity is
generated per year by UC's
health locations



03 BEYOND FOOD ASSISTANCE

Partnerships and research for better health

“I love this program;
without it I don’t know
where I would be.”

LATOYA

CalFresh Fruit and Vegetable
EBT Pilot participant

UC San Diego's Center for Community Health partnered with state agencies, retailers and nearly 500 community organizations to test a first-in-the-nation nutrition incentive program integrated directly into the SNAP/CalFresh EBT system. By combining community partnerships with rigorous evaluation, the pilot demonstrated how research can inform policy while helping families purchase more fresh fruits and vegetables.



93,000

CalFresh households received
\$18 million in nutrition
incentives through the pilot



98%

of earned incentives
were redeemed



81%

of participants reported
purchasing more fruits and
vegetables³



GUIDING FAMILIES TO BETTER FOOD FOR BETTER HEALTH

Identify a community health need

CalFresh participants face barriers to purchasing fruits and vegetables.

Build a multi-sector partnership

Convened a broad coalition that included: California Department of Social Services, SPUR/Fullwell, retailers and farmers markets, and nearly 500 community-based organizations statewide.

Design an innovative solution

The first-in-the-nation model that integrated nutrition incentives directly into the SNAP/CalFresh EBT system.

Implement the pilot

CalFresh participants purchase eligible fruits and vegetables at participating retailers and markets.

Assess impact and share results

Use surveys, feedback and administrative EBT transaction data — and share results with community partners, state agencies and policymakers.

BEYOND THE BEDSIDE



Empowering Medi-Cal members to navigate and advocate for their care

The UC Riverside School of Medicine's Center for Healthy Communities developed workshops to help predominantly Spanish-speaking Medi-Cal members better understand, use and advocate for their healthcare. In partnership with Inland Empire Health Plan, the Center delivered an insurance literacy workshop that explained Medi-Cal benefits, covered services and how to navigate the healthcare system. Building on that work, a community-engaged self-advocacy program used interactive activities and simulated clinical encounters to help participants communicate with healthcare professionals, request language-access services, understand their healthcare rights and seek preventive care with greater confidence.

6
key Medi-Cal concepts covered, including premiums, copays, deductibles, referrals, in-network providers and transportation benefits

5+
types of healthcare services and benefits explained, including primary care, specialty care, behavioral health, dental and vision



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UCSF Health

Creating career pathways in medical imaging

As part of the Anchor Institution Mission (AIM) to strengthen community health and economic opportunity, UCSF Health announced a 10-year Care Alliance with GE HealthCare to expand workforce development for radiologic technologists while also advancing imaging innovation and access to care. The collaboration supports UCSF Health's efforts to build career pathways into healthcare, meet critical workforce needs and bring advanced imaging capabilities to patients across the Bay Area and beyond.

10-year
Care Alliance to advance imaging modernization, workforce development and care delivery

3
focus areas: remote imaging, radiologic technologist training and MRI (magnetic resonance imaging) excellence

BEYOND THE BEDSIDE

UNIVERSITY OF CALIFORNIA HEALTH

Investing in communities through local procurement

UC academic health centers are transforming how they spend by prioritizing contracts with small and local businesses, helping strengthen local economies and the communities they serve. California's Assembly Bill 962 requires qualifying hospitals to report annually on spending with certified minority-, women-, LGBTQ+- and disabled veteran-owned business enterprises, promoting transparency and encouraging continued progress. During the reporting year, spending with these types of community businesses increased by \$55.4 million (34%) systemwide, for a total of \$213 million in Tier 1 spending, reflecting UC academic health centers' continued investment in California's communities.

58%

increase in spending
with community businesses
at UCSF Health

78%

increase in spending
with community businesses
at UC Davis Health



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UC DAVIS HEALTH

Sharing academic expertise to strengthen regional maternal and child healthcare

The Maternal Child Network provides outreach education to clinicians, expanding access to specialized maternal, neonatal and pediatric expertise across the region. Through lectures, simulations, certifications, clinical guidelines and the Project ECHO tele-education model, UC Davis Health connects physicians, nurses, midwives, social workers and other healthcare professionals to share evidence-based best practices while earning continuing medical education (CME) and continuing nursing education (CNE) credit. Together, these efforts strengthen clinical expertise, improve care coordination and expand access to maternal and pediatric care throughout Northern California, including rural and critical care hospitals.

\$343,500+

in community benefit
supported clinician
education and outreach

2

Project ECHO programs designed to support
clinicians caring for pregnant patients, newborns
and children: Perinatal and Neonatal PIPE
Consortium ECHO and Pediatric Acute Care
Education Sessions (PACES) ECHO

BEYOND THE BEDSIDE

UCI Health

Supporting families through trauma-informed care

The UCI FOCUS (Families of Children Under Stress) program provides comprehensive, trauma-informed care for children and families affected by sexual abuse. Children are referred to the program by the Orange County Social Services Agency and receive individualized treatment based on a careful assessment of each family's unique needs. By striving to treat the whole family, UCI FOCUS helps children and their families recover from the harmful effects of trauma, supporting long-term healing and a return to health.

20+

years of partnership with the Orange County Social Services Agency to support families affected by sexual abuse

5

core treatment services — including individual, family and group therapy, psychiatric evaluation and medication management — to support children and families on their path to recovery



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Supporting healthy aging through community education

Through the DocTalk lecture series, UCR Health physicians are bringing trusted health education beyond the clinic and into the community. Developed as part of the Geriatric Program's outreach initiative in partnership with the Janet Goeske Foundation & Senior Center, the series provides Riverside seniors with practical information on healthy aging, bone and joint health, brain health, heart disease and geriatric mental health. The program empowers older adults to better manage their health, reinforces the importance of preventive care and connects attendees with UCR Health physicians for follow-up care when needed.

200

older adults attended the series, with many requesting appointments and being connected to UCR Health physicians

4

DocTalk lectures were held between September 2025 and March 2026

BEYOND THE BEDSIDE



Free career fair connects local residents to jobs and resources

The Career and Resource Fair, part of UC Davis Health's Anchor Institution Mission, expands access to employment opportunities by connecting local residents with careers at UC Davis and UC Davis Health, as well as workforce resources and regional employers. Hosted annually in partnership with the City of Sacramento and the Sacramento Employment and Training Agency, the free event brings together organizations including the California Department of Industrial Relations, Sacramento County and Sacramento City College to strengthen workforce pathways and support local economic mobility.

20%

of new hires continue to come from local communities, meeting UC Davis Health's institutional local hiring goal

5th annual

free career fair and 1st at Aggie Square



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UC continues to invest in community benefit spending

For the fiscal year ending June 30, 2025, the UC academic health centers and faculty practice groups provided \$7.3 billion in community benefit spending and uncompensated care:

- UC academic health centers contributed \$2.5 billion in academic health center net community benefit, an increase of \$206 million over the prior year, due mostly to increases in Medi-Cal, financial assistance and subsidized health services.
- Uncompensated hospital care for Medicare patients contributed another \$3.1 billion, an increase of \$635 million over the prior year.
- UC faculty practice groups delivered \$1.8 billion in charity care and uncompensated professional fees for care provided to Medi-Cal and Medicare members, an increase of \$365 million over the prior year.
- The UC academic health centers' community benefit spending represents 10.3% of total operating expenses.

EXHIBIT 1

UC academic health centers and faculty practice group net community benefit spending and uncompensated care FY 2024-2025

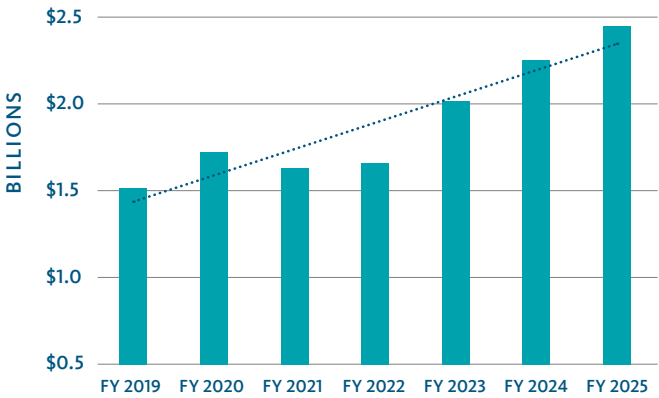
Medical center community benefit	FY 2025	Prior year restate	Incr (decr) over prior	% Increase
Net community benefit expenses				
A Community Health Improvement Services	\$145,681,308	\$129,131,736	\$16,549	13%
B Health Professional Education	\$441,952,380	\$448,105,667	(\$6,153,287)	-1%
C Subsidized Health Services	\$93,808,639	\$40,046,264	\$53,762,375	134%
D Research	\$101,417,751	\$98,042,872	\$3,374,879	3%
E Cash And In-Kind Contributions	\$9,541,883	\$7,944,500	\$1,597,383	20%
F Community Building Activities	\$214,517	\$628,374	(\$413,857)	-66%
G Community Benefit Operations	\$1,978,269	\$1,527,418	\$450,851	30%
Financial Assistance	\$158,284,977	\$101,453,526	\$56,831,451	56%
Medicaid	\$1,502,964,042	\$1,421,891,053	\$81,072,989	6%
Other Means Tested	\$960,407	\$2,338,093	(\$1,377,686)	-59%
Net community benefit expenses	\$2,456,804,173	\$2,251,109,503	\$205,694,670	9%
Medicare	\$3,062,027,375	\$4,427,017,305	\$635,010,070	26%
Community benefit with Medicare	\$5,518,831,548	\$4,678,126,808	\$840,704,740	18%
Total operating expenses	\$23,914,029,277	\$21,730,397,267	\$2,183,632,010	10%
Community benefit as a percentage of operating costs (excludes Medicare)	10.3%	10.4%	-0.1%	-0.1%

Faculty practice plan community benefit	FY 2025	Prior year	Incr (decr) over prior	% Increase
Charity care + Medicare & Medi-Cal losses	\$1,825,129,073	\$1,460,143,884	\$364,985,189	25%
TOTAL COMMUNITY BENEFIT INCLUDING MEDICARE AND FACULTY PRACTICE PLANS	\$7,343,960,621	\$6,138,270,692	\$1,205,689,929	20%

UC community benefit spending trends

UC community benefit spending and uncompensated care has grown significantly over the base year of FY 2019, when community benefit reporting first began. A spike occurred in FY 2020 during the early months of the COVID-19 pandemic, when UC incurred high levels of expense related to charity care and uncompensated Medi-Cal patient care.

EXHIBIT 2
UC community health benefit spending and uncompensated Medi-Cal hospital care trends (in billions)



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Appendix

Community Health Needs Assessments

Every three years, each UC health location collaborates with other local health systems to complete a Community Health Needs Assessment (CHNA) to identify and prioritize the significant health needs of people in their communities. In addition to the needs assessment, UC Health has committed to providing an annual update from its locations on the community benefit that aligns with the principles and needs identified in the CHNAs.

Community benefit at UC Health

Community benefit include programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of these objectives:

- Improve access to healthcare services
- Enhance public health
- Advance increased generalizable knowledge
- Relieve or reduce the burden of government to improve health

The community benefit report presents data gathered by the academic health centers operated by UC Davis Health, UCI Health, UCLA Health, UC San Diego Health, and UCSF Health. It supplements the materials included in the audited financial report for the UC academic health centers for fiscal year 2024–2025 that the Regents approved in November 2025.⁴ Furthermore, this year's report incorporates charity care, as well as net Medi-Cal and Medicare patient care expenses, for the faculty practice groups associated with the academic health centers across our campuses.

The University of California also oversees 21 health professional schools, extending its impact beyond clinical care to communities across the state.

The information in this report is for the activities and programs accounted for within the UC academic health centers and department faculty practice groups only. Although as governmental organizations, the UC academic health centers are not required to submit information related to their community benefit annually to the Internal Revenue Service via Form 990, Schedule H,⁵ this report has been prepared in accordance with instructions published by the Internal Revenue Service for that schedule.

Since 2009, all non-governmental, tax-exempt hospital organizations described by Section 501(c)(3) of the Internal Revenue Code must file IRS Form 990, Schedule H, which includes information on the community benefit they provide based on its instructions as well as nationally recognized guidelines.⁶ The UC academic health centers decided to prepare reports pursuant to the Form 990 Schedule H instructions and guidelines to provide transparent, standardized information about the significant community benefit they are providing and to facilitate comparing these investments to benchmarks for other tax-exempt nonprofit academic health centers.

UC's health system is proud to be actively involved in advancing health and healthcare throughout California and beyond. Every year, the UC health locations partner with or sponsor hundreds of community events and programs, investing resources in the community in alignment with UC Health's tripartite mission of education, patient care and research. These community benefit activities align with the principles and significant health needs identified in the CHNA that each UC health location completes every three years and with the UC health location's implementation strategy to address those needs.

UC health locations, like other tax-exempt, nonprofit health systems across the nation, provide community benefits for a variety of strategic reasons, including:

- Demonstrating an ongoing commitment to UC's tripartite mission: education, research and public service
- Providing vital support to improve population health and achieve strategic objectives related to the quality, efficiency and affordability of healthcare
- Highlighting the significant resources devoted to providing access to care for low-income and other underserved patient populations
- Helping to advance knowledge through health professions education and research that benefits the public

Tax-exempt health systems and hospitals also recognize that being exempt from federal and state income tax and other state and local income taxes as applicable, as well as their ability to receive tax-deductible charitable donations and issue tax-exempt debt, represent significant and invaluable benefits that are needed to support their missions.

Definition and description of community benefit activities

On IRS Form 990, Schedule H, the following activities and programs are reported as community benefits:

Financial assistance

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance (as specified in a Financial Assistance Policy) and are therefore deemed unable to pay for all or a portion of the services. Financial assistance does not include self-pay discounts, prompt pay discounts, contractual allowances and bad debt. Financial assistance is reported based on cost — not the amount of gross patient charges forgiven.

Medi-Cal (Medicaid)

The United States health program for individuals and families with low incomes and resources. Medi-Cal community benefit reported as the difference between the cost of care and reimbursement. Net community benefit thus is the loss incurred by the UC academic health centers in providing access to care for Medi-Cal recipients.

Other means-tested government programs

Government sponsored health programs in which eligibility for benefits or coverage is determined by income and/or assets (e.g., county indigent care programs).

Community health improvement services

Activities or programs carried out or supported for the express purpose of improving public health that are subsidized by the healthcare organization.

Examples include:

- Community health education, including classes and education campaigns, support groups and self-help groups
- Community-based clinical services, such as screenings, annual flu vaccine clinics and mobile units
- Healthcare support services for lower-income persons, such as transportation, case management, Medi-Cal enrollment assistance and services to help homeless persons upon discharge
- Social and environmental activities known to improve health, such as violence prevention, improving access to healthy foods, and removal of asbestos and lead in public housing

Health professions education

Educational programs that result in a degree, certificate or training that is necessary to be licensed to practice as a health professional, as required by state law, or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. Expenses incurred by the UC academic health centers in educating interns and residents, medical students and allied health professionals are reported in this category.

Subsidized health services

Clinical services provided despite a financial loss to the organization because they are needed to assure access to care for members of the community. The financial loss is measured by net of any financial assistance and Medi-Cal losses to avoid double counting.

Research

Any study or investigation that receives funding from a tax-exempt or governmental entity of which the goal is to generate generalizable knowledge that is made available to the public. Research (e.g., clinical trials) funded by for-profit entities is not reportable as a community benefit on Schedule H.

Cash and in-kind contributions for community benefit

Contributions made by the organization to support community benefit provided by other organizations.

Community benefit is accounted for by quantifying the total expense, the direct offsetting revenue and the resultant net expense borne by the academic health center for the above activities and programs. On Schedule H, those activities and programs are reported as community benefit in Part I. Hospitals also account for community building activities (in Part II), and Medicare and bad debt (in Part III). Medicare and bad debt are not reported as community benefit on Schedule H.

Endnotes

¹ American Cancer Society

² Program outcomes from 2023

³ [CalFresh fruit & vegetable EBT pilot project: Perspectives from implementation in grocery stores](#)

⁴ [Medical Centers Annual Report](#)

⁵ [Instructions for Form 990 Return of Organization Exempt from Income Tax](#) (2019), (last visited Mar. 22, 2020). State institutions whose income is excluded from taxation pursuant to Section 115 of the Internal Revenue Code are not required to file a Form 990. Children's Hospital & Research Center at Oakland, known as UCSF Benioff Children's Hospital Oakland, is a private tax-exempt hospital organization described in Section 501(c) (3) of the Internal Revenue Code and must file a Form 990 & Schedule H each year.

⁶ Since 1994, California state law also has required private non-for-profit hospitals to review their mission statements, conduct community needs assessments, and development and implement community benefit plans and report such information to the California Office of Statewide Health Planning and Development. Cal. Health & Safety Code §§ 127345-60.

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