LETTER FROM LEADERSHIP
CARING, HEALING, TEACHING, SERVING ALL

On behalf of the Alameda Health System (AHS) and the AHS Board of Trustees we are extremely honored to present the AHS Community Report for Fiscal Year 2021–2022.

First, we want to acknowledge the impressive work our employees, providers, and volunteers do each and every day to ensure AHS delivers equitable, quality care to our patients and residents. The Community Report highlights a few of our many patient-centered programs and provides a snapshot of the meaningful impact we have on the communities we serve.

In many ways the past several years have made AHS stronger, more resilient, and even more committed to reducing health disparities. During the COVID-19 pandemic, AHS had to pivot and respond quickly to ensure we provided quality, safe care to all those we serve. The dedication and professionalism of our staff and physicians shone as they came together to break down inequities brought to the forefront by the pandemic. Our alliances with our community and community-based organizations were key to our successes, and we look forward to continuing to build and strengthen these partnerships.

We believe that good health is a right, not a privilege. We envision a culture of health and well-being in Alameda County, where systems are just and work well for all, especially those who are most vulnerable. Our path forward will be built on our 2022–2027 strategic plan, Paving the Way to Excellence for All, which is fundamentally based on equitable and quality service for all. This plan puts the patient at the center of everything we do, with equity as a strategic priority.

In this report, we highlight programs that support our community and the staff that make it happen, in their own words. We invite you to join us on our journey to building a system of world-class excellence, and we hope you enjoy reading about how AHS is transforming health care in our communities.

JAMES E.T. JACKSON
Chief Executive Officer
Alameda Health System

TAFT BHUKET, MD
Former President
AHS Board of Trustees

KINKINI BANERJEE
Current President
AHS Board of Trustees
ABOUT ALAMEDA HEALTH SYSTEM

OUR MISSION
Caring, Healing, Teaching, Serving All

OUR VISION
Alameda Health System will be recognized as a world-class patient- and family-centered system of care that promotes wellness, eliminates disparities, and optimizes the health of our diverse communities.

HEALTH EQUITY, DIVERSITY AND INCLUSION (HEDI)
AHS’s Health Equity, Diversity and Inclusion (HEDI) Committee brings a systematic approach and vision to advancing health equity, diversity and inclusion at all levels of the health care delivery system. HEDI looks beyond the type and quality of services AHS provides to also look inward and ask to what extent the AHS culture is diverse and inclusive.

HEDI commitments are facilitated by system-level, multisite clinical and operational leaders who will:
• Cultivate a workforce culture that embraces and advances inclusiveness and belonging
• Embed equity into the design of clinical services, research, and assessment of quality outcomes
• Strengthen existing partnerships and build new ones to support strategic and community priorities
• Actively advocate with and for groups who represent historically marginalized communities

WHO WE SERVE

3 ACUTE CARE HOSPITALS
Highland Hospital - San Leandro Hospital
Alameda Hospital

1 PSYCHIATRIC HOSPITAL
John George Psychiatric Hospital

4 WELLNESS CENTERS
Highland Wellness - Eastmont Wellness
Hayward Wellness - Newark Wellness

5 POST-ACUTE/SKILLED NURSING FACILITIES
Alameda Hospital - Fairmont
Park Bridge - San Leandro Hospital
South Shore

NEARLY 700 BEDS
MORE THAN 5,000 EMPLOYEES
126,000 PATIENTS SERVED ANNUALLY

FY 2022 PAYOR MIX
MEDICARE 27%
COMMERCIAL INSURANCE 7%
HPAC COUNTY PROGRAMS 1%
COMMERCIAL 59%
SELF-PAY 2%
OTHER 8%

PATIENTS BY CITY
ALAMEDA 10%
SAN LEANDRO 8%
OAKLAND 5%
UNION CITY 2%
ALAMEDA 8%
AFRICA/ NORTHERN 2%
HAYWARD 10%

POPULATION SERVED

POPULATION SERVED
(NEW)
Our innovations raised the bar on quality, health outcomes, and health equity for our most vulnerable populations even amid the pandemic.

March 9, 2020, marked a significant moment at AHS when a Princess Cruise ship docked at the Port of Oakland and COVID-19 positive passengers were routed to AHS and other East Bay hospitals. Through an Incident Command Center and with all hands on deck, AHS staff members were quick to put into action our mission of serving all.

Throughout the pandemic, AHS took full advantage of our greatest strength: our incredible frontline workers who leaned in to meet our patients’ needs. Our team went beyond the walls of AHS into underserved and at-risk communities to provide access to testing and vaccinations.

AHS implemented innovative ways to ensure patients continued to receive needed care while keeping staff and patients safe. In-person medical visits shifted to telemedicine. Visitation was modified with compassion. We partnered with Alameda County to open a COVID-19 testing site at the Henry J. Kaiser Convention Center in Oakland. Educational and myth-busting campaigns supported the health of patients, community, and staff.

When the vaccine became available, AHS implemented a COVID-19 vaccination program in our emergency departments, allowing earlier, more extensive vaccination compared to other Bay Area health systems. In addition, AHS partnered with the Office of the Governor of California and Beebe Memorial Cathedral to administer COVID-19 vaccines across our community.

AHS answered the call during an unprecedented pandemic and we are well-positioned to respond should it happen again.

In addition to providing critical access to COVID-19 testing for employees and patients, AHS joined forces with the Alameda County Public Health Department to provide convenient, safe, and accurate tests in communities that lacked access. Launching a community testing site at the Henry J. Kaiser Building in Oakland. At its peak, AHS provided over 350 tests per day.

AHS performed nearly 50,000 COVID-19 tests during the pandemic.

Because of a quickly formed partnership between AHS, the Governor’s Office, and Beebe Memorial Cathedral, 1,155 people in the community received a COVID-19 vaccine during a free two-day pop-up clinic.

AHS also utilized COVID-19 vaccine clinics to address overdue health screenings to advance patient wellness.

AHS administered over 60,000 COVID-19 vaccines.

AHS answered the call during an unprecedented pandemic and we are well-positioned to respond should it happen again.

I really want to be an example to those I work with and to my family that it’s safe to get the vaccine.” — DAMIAN, Oakland resident and one of the first in line to receive a COVID-19 vaccine at the AHS/Beebe Memorial Cathedral pop-up clinic
At the height of the pandemic, when media reported that residents were being abandoned by their care teams in skilled nursing facilities (SNFs), while other facilities were being closed due to inadequate care, AHS lived up to its mission of serving all: We launched a COVID-19 Quarantine Unit at Fairmont Rehabilitation and Wellness.

This specialized unit supported seven community hospitals and a number of SNFs throughout the Alameda County region by admitting COVID-19 positive or highly exposed, high-risk patients to complete a 14-day quarantine before safely returning home or moving to another SNF. Over the course of six months, AHS cared for 263 patients.

With the COVID-19 pandemic, it was not just our usual patients with need for skilled nursing. The focus was on infection control. We pioneered a lot of things—prevention, surveillance, testing, and quarantining. We were collaborating with public health almost every day.

This COVID-19 Quarantine Unit offered excellent patient-centered and family-centered care, and more than just nursing. There were activities, social workers, and a registered dietician. Patients had access to iPads so they could stay connected to their families.

From the moment we admitted a patient, the social worker was already working on the discharge needs that we know can sometimes be challenging. Families were informed and got the information and education they needed. The patient got continuity of care. The community was safer.

We created an amazing team for the unit. No matter how scary or difficult it may have been, we always talked it out as a team. We were successful because we have the best team. And if we ever have to do it again, we will.

“We were successful because I have the best team. And if we have to do it again, we will.”

— GRACE OLANDRIA, BSN, RN, LNC

Richard Espinoza, our chief administrative officer, learned that the County was in great need of a quarantine unit and offered the former Fairmont acute rehab unit to create a COVID-19 Quarantine Unit to serve the whole County—the whole East Bay.”
I can say without a doubt that AHS is a part of the community instead of apart from the community. I have seen so many people who are alive today solely because of the proximity of Highland Hospital, and more importantly because of the staff who have dedicated their lives to their craft.

— ERSIE JOYNER III

Over 3,000 trauma cases were seen in the Highland Hospital Adult Level 1 Trauma Center in FY2022.
LIFESAVING CARE

DR. BROWDER: I had surgery when I was a young child. Later, when I was a medical student, my sister died in a motor vehicle crash. She was five years older than me. It really struck home that no one is immune to trauma and injury. Those experiences together really drove me toward trauma surgery.

CAPTAIN JOYNER: I had been retired from the Oakland Police Department for over two years. I had served over 28 years in law enforcement and was for over two years. I had served over 28 years in law enforcement and was very proud to serve the community that I was born and raised in. I have seen my share of trauma and death. So on October 21, 2021, when I was shot multiple times while pumping gas at 17th and Castro in Oakland, I knew what to expect with the response of police and getting to the hospital. It was a life-changing experience to be on a gurney instead of standing up watching the doctors. My introduction to Dr. Browder was him putting his hand on my shoulder, looking me dead in the eye, and saying, “Hey, I’m Dr. Timothy Browder, I’m going to be your surgeon, and I got you.” In my time of pain, those words were amazing to me.

DR. BROWDER: When he first came in, it was very chaotic, particularly because of all the law enforcement that was involved. A lot of people knew him in the emergency department. And that goes back to my original point—it could be any of us. I remember trying to calm everything down and remind everyone that we’ve each got a role; let’s focus and take care of Ersie. Just absolute collaboration.

CAPTAIN JOYNER: Throughout my entire police career, it was always spoken and unspoken that if anything were to happen, take me to Highland. That particular day, I knew that the people at Highland were prepared.

DR. BROWDER: Later, as I learned more about Ersie and mat his family, I realized how special he is. He’s a hero to the community, but on an individual and personal level, he’s such a positive ray of light. He brings joy.

CAPTAIN JOYNER: I grew up in an underserved community in East Oakland called Sobrante Park. Many of the parents in that neighborhood told my friends, “Go to school and make something of yourself so you can get out of this community.”

My parents every day told me, “Go to school and make something of yourself so you can bring something back to this community.” I see my path and Dr. Browder’s path as very similar in nature, in different fields. The service delivery is identical in many ways. Not everyone can be a world-renowned trauma surgeon, but everyone can play a part in their community helping people in need. There are so many different opportunities and careers here in the AHS family, and you can bring something to this community.

DR. BROWDER: What was striking to me when I started working here was the reliance and partnership between the community and Highland Hospital. The community really relies on Highland Hospital, respects it, needs it. I wanted to work at a place that not only provided world-class trauma care but also provided a really necessary community resource.

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— TIMOTHY BROWDER, MD

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I’m in recovery myself. That helps me make connections with individuals, helps them open up. We can relate. We build a relationship. Recovery was a struggle I never wanted, as I’m sure a lot of them don’t. Some people are not ready.

But our program works. I’ve seen a lot of lives changed. I always tell patients, medication is not a cure. You have to put in your part, too. Our job obviously is a lot of social work, patient advocacy, case management—and being a friend to them. I’ll see people in the community who have come to us and they’re now in recovery and bettering themselves; they have a job, no more emergency department visits. That really makes an impact in letting me know that I’m doing good for the community.

To me, this is more than just an eight-hour job. I can’t just erase all I see and go home. I do my best to be patient, strong, and empathetic. You have to have love for the patient, love for yourself, love for humankind in general. And we don’t judge. If they relapse or anything happens, we’re still here. We’re here for you.

“I could focus a little more. I could see straight. I’d never heard of anyone going to an emergency room to do that.”

— RHONDA, who was assisted at Highland Hospital’s Emergency Department when experiencing severe withdrawal symptoms.
In collaboration with Alameda County Health Care for the Homeless, the AHS Mobile Health Center provides urgent care, care coordination, and linkage and referrals to community resources in local neighborhoods for people experiencing homelessness. The Center’s staff provides friendly, accessible care, free of charge, to those who need it most.

You don’t have to work in health care to know that homelessness contributes to poor health. When you’re focused on where you’re going to sleep any given night, it’s hard to think about having regular check-ups, eating a healthy diet, or how to store medicine.

A health care system built around the patient being housed, making clinical appointments, taking off work to go to the clinic, having their own transportation, being insured, using English as their primary language, etc., is a system that will not serve all patients.

It’s one of the reasons why AHS services can be found in the community. We don’t confine ourselves to only providing services in our clinics and hospitals. We meet our patients where they are, in their communities, with staff who they can bond with. Meet Family Nurse Practitioner Wanda Johnson.

I grew up in East Oakland. My father always stressed to us that your community is everyone in the community. You don’t want to set yourself apart from someone else. What you want to do is help. I tell my patients, I’m getting as much out of this visit as you’re getting from me, because we are all learning daily.

The mobile clinic was born from a collaboration to provide medical and social services at shelter sites. The collaboration is with AHS, law enforcement, Alameda County Health Care for the Homeless, the City of Oakland, Village of Love, Roots, Alameda Food Bank, and lots more.

The AHS Homeless Center is not just a mobile clinic. We provide primary care and refer people to our clinics and follow up with them, but we also help with transportation to health appointments and financial counseling if they don’t have health insurance. We have interpreter services for patients in Arabic, Spanish, or Cantonese, for example. The complex care management team, community outreach teams, health advocacy teams are all part of it. Collaboration is who we are; it’s what we do.

The Mobile Health Clinic is one way we’re meeting patients where they are and gaining their trust.

Services provided: dental care, primary care, urgent care, vaccinations, financial counseling.

~530 individual patients received 800+ visits from the Mobile Health Center during FY2022.

“For some people, I may be given the opportunity to wash their feet. It feels good, it puts them and me in the same space to just talk. I like hearing someone’s story. They’re so tired. And so they’re able to sit for an extended period of time, tell their story, get a nice fresh pair of white socks.”

— WANDA JOHNSON, DNP, FNP-BC, PHN
Each year, more than 500 youth from Alameda County’s underserved communities participate in HealthPATH, a hands-on program that provides internships and other work-based learning experiences at AHS’s hospitals and clinics.

HealthPATH promotes academic excellence, provides skills for life and career success, and helps young people give back to the communities where they grow up.

For HealthPATH managers, Joseph Peters and Joilah James, the program represents a major investment in the health and well-being of our youth and our communities. We have in-school and after-school programs and are now serving college students in multiple capacities.

Cultivating the next generation of health care workers who come from the communities we serve and reflect our patient population is part of AHS’s mission to teach all. AHS’s Simulation Center is an important part of this. Through simulation, our students get to interact with health professionals, who teach them how to do vitals, IV’s, something as simple as patient interaction, like how you enter a patient’s room, how you communicate with the patient in a way to help them feel safe enough to open up to you. These soft skills are necessary to be a future health professional.

HealthPATH impacts student lives. Students tell us that 93% plan to pursue a career in health care. 92% are more motivated to pursue education seriously and 81% say that they plan to work with low-income communities.

In 2022, twelve HealthPATH students from the College of Alameda pursuing careers as certified nursing assistants (CNAs) completed their clinical hour requirements at AHS’s Park Bridge Rehabilitation and Wellness Center in preparation for the State certification CNA exam.

While HealthPATH gives to students and community, it also gives to AHS staff. When our staff engage with students, they get to share their experience. I really think it’s one of the most one of those powerful moments that makes them even more connected to the work that they do at AHS.

HealthPATH started in 2015 and has grown from one to seven programs. We’ve had longevity because of the support from AHS leaders and staff, and from outside partners. It was really pivotal in our development as a program and as a team, and we are so grateful for that.

"When I get older, I want to provide a mentoring program with youth of color to build a bridge between patient and doctor. … Through HEAL (a HealthPATH program), seeing doctors of color, who look like me, made a huge difference.”

— OSIRIS, HEALTHPATH STUDENT
“Although Alameda Hospital is a relatively small hospital, it really shines because of our Certified Primary Stroke Center.”

— NIKITA JOSHI, MD

Alameda Hospital is the only acute care hospital and emergency department on the island city of Alameda, and when it comes to strokes, time matters. Prompt treatment may make the difference between life and death—or the difference between a full recovery and long-term disability.

Opened in 2011, the Certified Primary Stroke Center has earned numerous quality awards and has cared for more than 1,300 stroke patients.
PAVING THE WAY TO EXCELLENCE FOR ALL

STRATEGIC PLAN OVERVIEW
AHS places patients at the center. Patient and family centered care is the heartbeat of the Alameda Health System care philosophy. AHS meets the needs of our patients, their families, and populations of patients through collaborative partnerships uniting patient, family, communities, and the health care team.

We support patients in making informed choices about their care and in adopting lasting pathways to wellness.

PROCESS
Alameda Health System began a strategic planning process in November 2021. The AHS Executive Leadership Team, under the direction of CEO James E.T. Jackson and the Board of Trustees, partnered on the development of an updated, systemwide, five-year strategic plan. The process included more than 50 interviews with internal and external stakeholders, including a diverse sample of patients who provided feedback about services, experience, and access within AHS via a survey and interviews conducted in multiple languages.

HEALTH EQUITY, DIVERSITY, AND INCLUSION (HEDI)
To provide equitable care to residents, AHS is focusing targeted efforts toward communities that have suffered the longest and deepest wounds from dehumanization and disinvestment. We lead explicitly, though not exclusively, with race because health inequities are exacerbated based on race. Our human rights-based, intersectional approach aims to address systemic and structural racism and constant threats to the well-being, and in some cases the very survival, of our patients and communities of color. We further acknowledge that structural racism impacts many of our providers, staff, business partners, and collaborators. AHS is committed to eliminating bias and racism in all forms and fostering a culture of deep belonging that respects and values diversity, authentic inclusion, and justice.

We invite you to view the complete Strategic Plan.

ACCOUNTABILITY
AHS leaders, physicians and staff are accountable to each other, and to the community, for delivering care.

TRUST
AHS will foster an environment of trust within its organization and outwardly with the community and its constituents.

DATA
AHS will develop and utilize trusted sources of data in support of the delivery of high-quality care.

Enablers
Health Equity, Diversity & Inclusion AHS will commit to reducing and ultimately eliminating health disparities and addressing social determinants that adversely impact the health of all patients.

Staff & Clinician Contributions AHS staff and clinicians are fundamental to the establishment of patient- and community-centered care environments.

VALUES
Pillars

QUALITY CARE
AHS provides safe, timely, effective, efficient, equitable, and patient-centered care that is accessible to all.

COMMUNITY CONNECTION
AHS is an anchor in its community and aligns its services to deliver a comprehensive continuum of care by providing needed services and being a trusted partner in its community at large.

STAFF & PHYSICIAN EXPERIENCE
AHS values its physicians, clinicians, and staff and seeks to grow, engage, retain, and empower them to serve all.

SUSTAINABILITY
AHS will pursue innovative approaches to invest in new programs while managing targeted investments in infrastructure to support the delivery of high-quality care.

APPENDIX C: IMPLEMENTATION STRATEGIES

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# Financials

## Statement of Audited Revenue and Expenses (Stated in $000s)

AHS is a thoughtful steward of our finances on behalf of our employees, patients, and community. The table below shows the overall change in AHS’s net position in operating profit/(loss), displaying the difference between total operating revenues and total operating expenses.

<table>
<thead>
<tr>
<th></th>
<th>June 30, 2022</th>
<th>June 30, 2021 (as restated)</th>
<th>June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient service revenues, net</td>
<td>$ 719,256</td>
<td>$ 597,692</td>
<td>$ 487,144</td>
</tr>
<tr>
<td>Capitation revenues</td>
<td>91,942</td>
<td>92,362</td>
<td>88,472</td>
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<tr>
<td>Other government programs</td>
<td>524,280</td>
<td>341,575</td>
<td>442,769</td>
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<tr>
<td>Other operating revenues</td>
<td>47,852</td>
<td>25,309</td>
<td>30,407</td>
</tr>
<tr>
<td><strong>Total operating revenues</strong></td>
<td>1,373,330</td>
<td>1,066,838</td>
<td>1,055,812</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Salaries and benefits</td>
<td>812,040</td>
<td>798,690</td>
<td>745,085</td>
</tr>
<tr>
<td>Physician contract services and purchase services</td>
<td>155,650</td>
<td>135,917</td>
<td>168,298</td>
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<tr>
<td>Materials and supplies</td>
<td>109,832</td>
<td>94,126</td>
<td>85,244</td>
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<tr>
<td>Depreciation and amortization</td>
<td>35,782</td>
<td>36,190</td>
<td>24,581</td>
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<tr>
<td>Other operating costs</td>
<td>72,839</td>
<td>65,338</td>
<td>80,937</td>
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<tr>
<td><strong>Total operating expenses</strong></td>
<td>1,165,943</td>
<td>1,109,361</td>
<td>1,084,845</td>
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<tr>
<td><strong>Operating profit (loss)</strong></td>
<td>$ 207,387</td>
<td>(42,523)</td>
<td>(29,033)</td>
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<tr>
<td><strong>Non-operating Revenues, Net</strong></td>
<td>2,318</td>
<td>28,293</td>
<td>15,099</td>
</tr>
<tr>
<td><strong>Income (Loss) Before Other Revenues, Expenses, Gains, Losses, and Transfers</strong></td>
<td>$ 209,705</td>
<td>(14,230)</td>
<td>(13,934)</td>
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<tr>
<td><strong>Capital contributions</strong></td>
<td>132</td>
<td>119</td>
<td>2,801</td>
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<tr>
<td><strong>Capital transfers</strong></td>
<td>8,206</td>
<td>10,304</td>
<td>33,946</td>
</tr>
<tr>
<td><strong>Decrease (increase) in net deficit</strong></td>
<td>218,843</td>
<td>(3,808)</td>
<td>22,817</td>
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<tr>
<td><strong>Net Deficit, Beginning of Year</strong></td>
<td>($281,594)</td>
<td>($277,786)</td>
<td>($300,603)</td>
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<tr>
<td><strong>Net Deficit, End of Year</strong></td>
<td>($63,551)</td>
<td>($281,594)</td>
<td>($277,786)</td>
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</tbody>
</table>
“At Alameda Health System, I experienced individuals—whether custodians or nurses or doctors—who cared about what they were doing, cared about the impact they had, and recognized that they were making a difference in individuals’ lives. When I faced a crisis, there was no doubt that this is where I needed to be.”

— ERSIE JOYNER III, TRAUMA PATIENT AND RETIRED CAPTAIN, OAKLAND POLICE DEPARTMENT