



# 2016 Community Health Needs Assessment

Kaiser Foundation Hospital Fontana/Ontario

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Approved by KFH Board of Directors

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To provide feedback about this Community Health Needs Assessment, email [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org)

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Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles, California. Harder+Company's mission is to help our clients achieve social impact through quality research, strategy, and organizational development services. Since 1986, we have assisted foundations, government agencies, and nonprofits throughout California and the country in using good information to make good decisions for their future. Our success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities. The following staff contributed to this report:

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## I. Executive Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Community Health Needs Assessments (CHNAs) are essential for understanding community level health outcomes and the social determinants of health that can lead to morbidity and premature mortality.

The **Fontana Medical Center** is located in central San Bernardino County with medical offices located throughout the region in Colton, Redlands, San Bernardino, and Victorville. KFH-Fontana has a geographically expansive service area, encompassing both high-density urban population centers and more rural areas (such as the mountain and high desert communities). The Medical Center Service Area includes the following cities: Angelus Oaks, Apple Valley, Banning (Riverside County), Beaumont (Riverside County), Big Bear City, Big Bear Lake, Bloomington, Bryn Mawr, Calimesa, Colton, Fontana, Forest Falls, Grand Terrace, Hesperia, Highland, Loma Linda, Lytle Creek, Mentone, Phelan, Pinon Hills, Redlands, Rialto, San Bernardino, Victorville, Wrightwood, Yucaipa. In general, health outcomes in this service area are less favorable than those in the KFH-Ontario Medical Center Service Area and there are significant health disparities, which often correspond with specific racial/ethnic populations, geographic regions, and socioeconomic groups.

The **Ontario Medical Center** is located in the West End of San Bernardino County with medical offices located throughout the region in Chino, Claremont, Rancho Cucamonga and Upland. The Medical Center Service Area includes the following cities: Chino, Chino Hills, Claremont, Mira Loma (Riverside County), Montclair, Ontario, Pomona (Los Angeles County), Rancho Cucamonga, and Upland. Though in general, health outcomes in this service area are more favorable than those in the KFH-Fontana Medical Center Service Area, there are significant health disparities, which often correspond with specific racial/ethnic populations and socioeconomic groups.

This report documents the Community Health Needs Assessment (CHNA) conducted for KFH-Fontana/Ontario Medical Center Service Areas. The results of the CHNA will inform the development of implementation strategies developed by KFH-Fontana/Ontario to address the health needs in the community. This executive summary is intended to provide a high level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

### A. Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

## B. Summary of Prioritized Needs

The following are the prioritized health needs for KFH-Fontana/Ontario Medical Center Service Area (MCSA). They are listed below in order of highest priority to lowest priority. These health needs were prioritized by geographically representative groups of stakeholders across a total of three community health needs prioritization sessions: Ontario (January 11, 2016) and Fontana (January 13, and 15, 2016).

KFH Fontana MCSA	KFH Ontario MCSA
1. <b>Economic Security</b>	1. <b>Economic Security</b>
2. <b>Mental Health</b>	2. <b>Mental Health</b>
3. <b>Access to Care</b>	3. <b>Access to Care</b>
4. Violence and Injury Prevention	4. Obesity/HEAL/Diabetes
5. Obesity/HEAL/Diabetes	5. Substance Abuse and Tobacco Use
6. HIV/AIDS/Sexually Transmitted Infections	6. *Health and Climate Oral Health
7. Substance Abuse and Tobacco Use	8.**Cardiovascular Disease and Stroke HIV/AIDS/Sexually Transmitted Infections Violence and Injury Prevention Maternal and Infant Health
8. Oral Health	12.*Asthma Cancer
9. Maternal and Infant Health	
10.**Asthma Cancers Cardiovascular Disease and Stroke Health and Climate	

\*Two-way tie; \*\*Four-way tie

Health needs in bold are ranked similarly for both KFH Fontana/Ontario MCSAs

## C. Summary of Needs Assessment Methodology and Process

Health needs for KFH- Fontana/Ontario were identified using a mixed methods approach that involved a combination of secondary (quantitative) and primary (qualitative) data. Secondary data was gathered from the Kaiser Permanente CHNA Data Platform ([www.chna.org/kp](http://www.chna.org/kp)), which includes 150 indicators from publically available data sources. Data in the platform is organized based on the Mobilizing Action Toward Community Health (MATCH) framework, a population health model that emphasizes that many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and morbidity status of the community, and the four key sets of drivers that impact that status: access to health care, behaviors, socio-economic factors, and the physical environment.

Quantitative data was analyzed using Kaiser Permanente's Community Benefit data analysis tool. This tool organizes the 150 KP common indicators for California by health need labels and demographics to distinguish the health need topics the secondary data set is exploring. For example, indicators related to depression, suicide rates, and poor mental health describe the health need, Mental Health. Each health need topic was assigned a score based on the relative variance of the data values at the KFH-Fontana/Ontario Medical Center Service Areas compared to three benchmarks: the county, state, and Southern California Medical Center Area (S CA MCA) and averaged to create a composite score. The KFH-Fontana/Ontario Medical Center Service Areas estimates represent the aggregate of all data for geographies that fall within the service area boundary (e.g. zip code, census tract, etc.) for a particular

indicator. Higher scores indicate greater deviation from the benchmark, while lower scores indicate that an indicator is doing better than or is comparable to the benchmark.

Qualitative data was collected through a series of focus groups and key stakeholder interviews. A total of 10 key informant interviews were conducted between September and November 2015 and a total of four focus groups were facilitated. The significant health needs were identified by comparing quantitative data for the medical center service areas with S CA MCA and state benchmarks and analyzing the content of interviews and focus groups.

The significant health needs identified from analysis of secondary and primary data (as described above) were prioritized using a combination of the Simplex and Nominal Group methods. The Simplex method is a quantitative technique for collecting input from stakeholders through a survey with close-ended questions. The Nominal Group method is a qualitative approach that is used to enhance stakeholders understanding of health needs through reflection and facilitated discussion. Four criteria were used to prioritize the health needs: (1) Severity, which is the extent to which the health need has serious consequences related to morbidity, mortality, and/or economic burden; (2) Community Concern, which is the extent that the community perceives the health need as important; (3) Urgency, which is the extent to which there are serious consequences of delaying action; and (4) Disparities, which is the level at which the health need disproportionately impacts specific subpopulations. The results from the Nominal Group method were used to create the finalized list of health priorities as displayed above. Assets, capacities, and resources to address the health needs were also identified during prioritization.

While the communities served by the KFH-Fontana/Ontario MCSA have diverse needs, their top three health needs identified through prioritization were shared: Economic Security, Mental Health and Access to Care, suggesting that opportunities exist to deploy similar strategies across the two medical center service areas.

## D. Implementation Strategy Evaluation of Impact

In the 2013 Implementation Strategy (IS) process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grant making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. KFH-Fontana/Ontario is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Fontana/Ontario tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH-Fontana/Ontario had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Fontana/Ontario will continue to monitor impact for strategies implemented in 2016.

## II. Introduction/Background

### A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. Kaiser Permanente was created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to

a doctor. Since its beginnings, Kaiser Permanente has been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today Kaiser Permanente serves more than 10 million members in nine states and the District of Columbia. Kaiser Permanente's mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities Kaiser Permanente serve.

Care for members and patients is focused on Kaiser Permanente's Total Health and guided by their Permanente physicians, specialists, and team of caregivers. Kaiser Permanente 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 Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

## C. Purpose of the CHNA Report

### *i. To Advance Community Health*

Community Health Needs Assessments (CHNA) has been integral to learning about the health of the communities Kaiser Permanente serves. We are committed to building on the CHNA and relationships in the community to deepen our knowledge of the community specific needs and the resources and leaders in the community. This deeper knowledge will enable us to develop a new approach by



engaging differently and activating in a way that addresses specific community needs and in collective action with the community. This new approach will leverage our existing and new community partnerships and harness the power of all Kaiser Permanente assets – economic, relationships, and expertise – to positively impact community health.

## *ii. To Implement ACA Regulations*

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at [kp.org/chna](http://kp.org/chna).

## **D. Kaiser Permanente Approach to CHNA**

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Fontana/Ontario will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, [www.kp.org/chna](http://www.kp.org/chna).

### III. Community Served

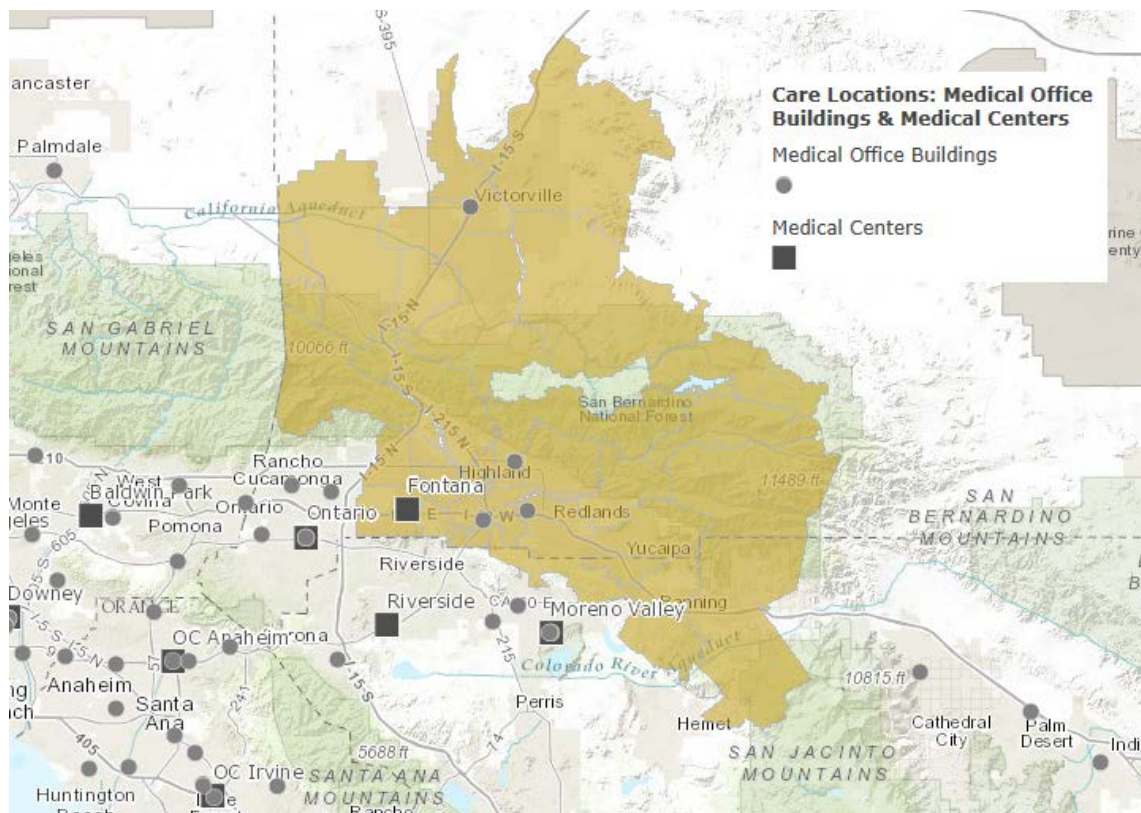
#### A. Kaiser Permanente's Definition of Community Served

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.

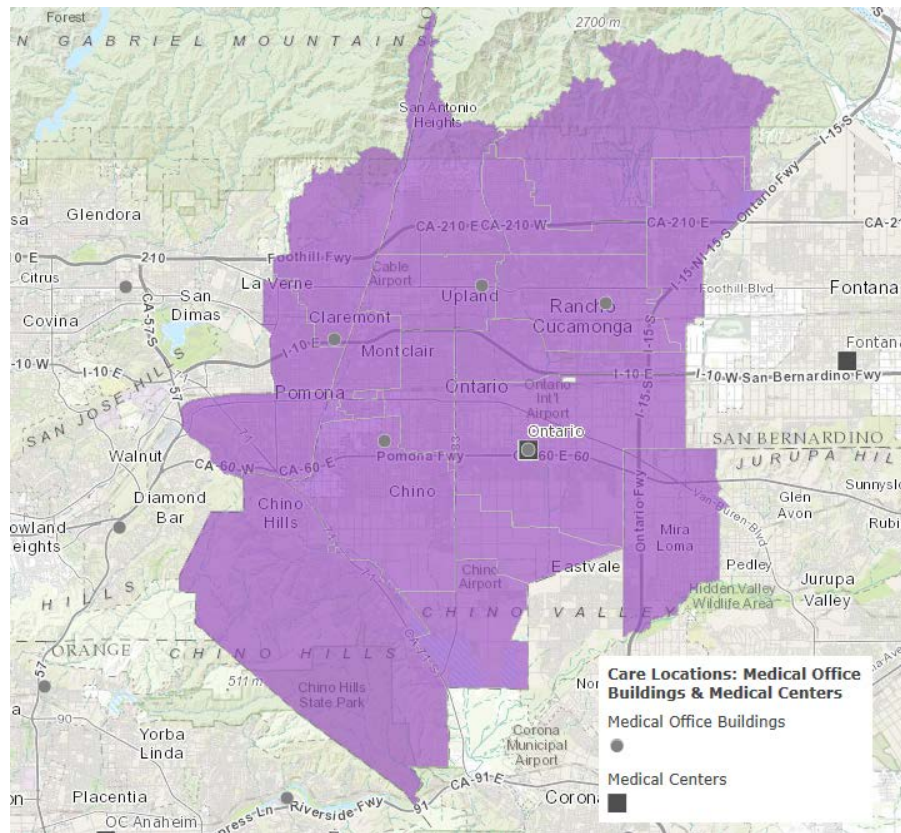
#### B. Map and Description of Community Served

##### i. Maps

KFH- Fontana Medical Center Service Area



## Ontario Medical Center Service Area



### *ii. Geographic description of community served*

The KFH-Fontana Medical Center is located at 9961 Sierra Ave, Fontana, CA 92335 with a service area spanning 2,093 square miles. The KFH-Ontario Medical Center is located at 2295 S Vineyard Ave, Ontario, CA 91761 with a service area spanning 266 square miles. Though the majority of both medical center service areas are located within San Bernardino County, the southern portion of the KFH-Fontana Medical Center Service Area is located within Riverside County (Banning and Beaumont). The KFH-Fontana Medical Center Service Area has small section located in Los Angeles County on the west (Pomona) and another small region on the east (Mira Loma) located in Riverside County.

KFH-Fontana Medical Center Service Area

City	Zip Code
Angelus Oaks	92305
Apple Valley	92307, 92308
Banning	92220
Beaumont	92223
Big Bear City	92314
Big Bear Lake	92315
Bloomington	92316
Bryn Mawr	92318
Calimesa	92320
Colton	92324
Fontana	92335, 92336, 92337
Forest Falls	92339
Grand Terrace	92313
Hesperia	92344, 92345
Highland	92346
Loma Linda	92354
Lytle Creek	92358
Mentone	92359
Phelan	92371
Pinon Hills	92372
Redlands	92373, 92374
Rialto	92376, 92377
San Bernardino	92401, 92403, 92404, 92405, 92407, 92408, 92410, 92411
Victorville	92392, 92394, 92395
Wrightwood	92397
Yucaipa	92399

KFH-Ontario Medical Center Service Area

City	Zip Code
Chino	91708, 91710
Chino Hills	91709
Claremont	91711
Mira Loma	91752
Montclair	91763
Ontario	91758, 91761, 91762, 91764
Pomona	91766, 91767
Rancho Cucamonga	91701, 91730, 91737, 91739
Upland	91784, 91786

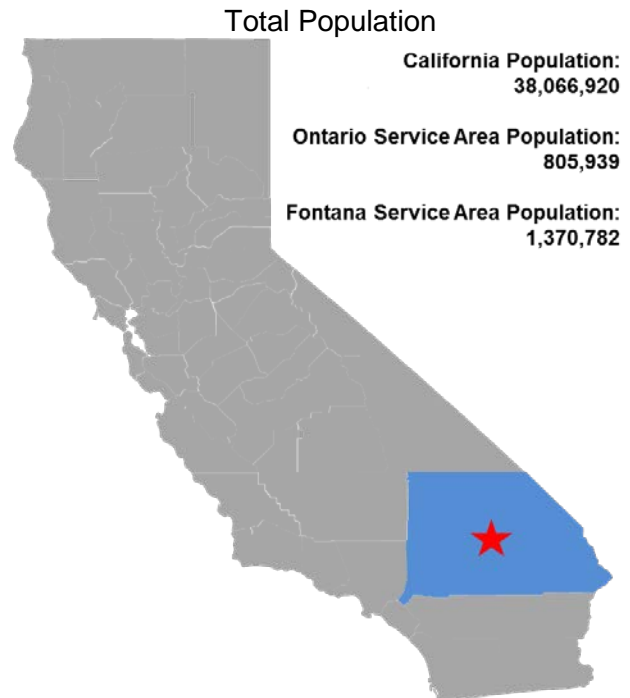
*iii. Demographic profile of community served*

The demographic profile data presented in this section provides a more detailed picture of the communities served in the KFH-Fontana/Ontario Medical Center Service Areas. The service areas combined represent over two million residents. Youth, aged 0-17, comprise about one quarter of the

population in the KFH-Fontana/Ontario Medical Center Service Areas and about 10% of the population in both service areas is over age 65. Both service areas are also diverse in terms of race and ethnicity with a greater percentage of Hispanic/Latinos and Black/African American residents than in other parts of the state. Poverty, unemployment, and low educational attainment are also issues that impact the service area, which influence overall health, disability, and premature death.

## Population Characteristics

The population for the KFH-Fontana Medical Center Service Area was 1,370,782 and the population for the KFH-Ontario Medical Center Service Area was 805,939. The KFH-Ontario Medical Center Service Area population density is higher than both the region and the state. The total population for San Bernardino County is 2,078,586



### Population Density (Per Square Mile)

KFH-Fontana Medical Center Service Area	654.75
KFH-Ontario Medical Center Service Area	3,027.10
San Bernardino County	103.63
California	244.35

Source: US Census Bureau, American Community Survey. 2010-14.

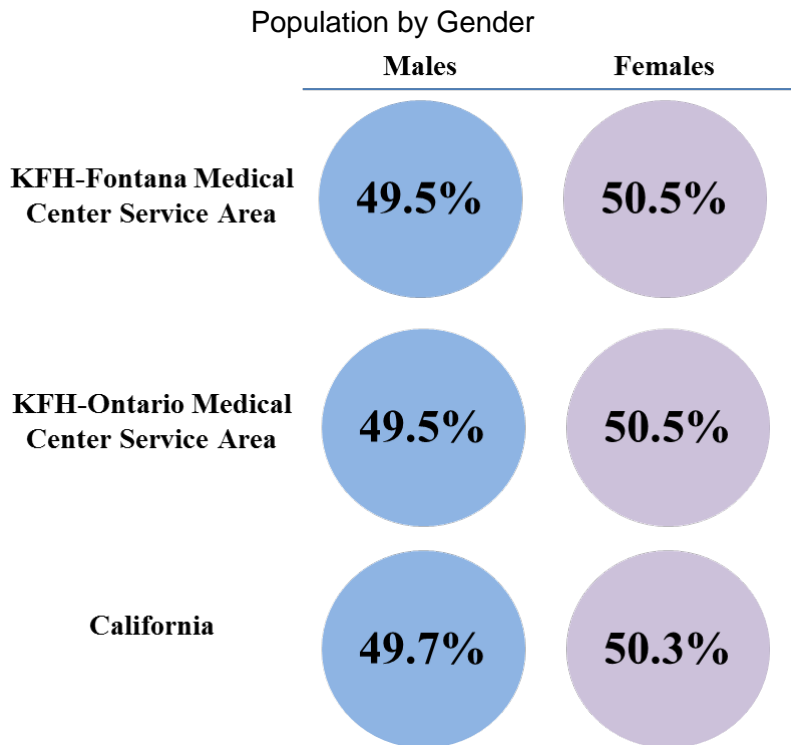
The population increased over time, from 2000 and 2010, by 25.3% in the KFH-Fontana Medical Center Service Area and 11.7% in the KFH-Ontario Medical Center Service Area. This change is of interest because the increase or decline of the total population over time impacts healthcare providers and the utilization of community resources.

### Population Change over Time, 2000- 2010

	<b>KFH-Fontana Medical Center Service Area</b>	<b>KFH-Ontario Medical Center Service Area</b>	<b>California</b>
<b>Total Population 2000 Census</b>	1,067,647	707,122	33,871,651
<b>Total Population 2010 Census</b>	1,338,237	789,721	37,253,956
<b>Total Population Percent Change</b>	+25.3%	+11.7%	+10.0%

Source: US Census Bureau, Decennial Census. 2000 - 2010.





The KFH-Fontana/Ontario Medical Center Service Areas consist of fairly even numbers of males and females, similar to the state of California.

Source: US Census Bureau, American Community Survey.2010-14.

The KFH-Fontana/Ontario Medical Center Service Areas have a slightly younger population than that of the State with lower percentages of adults 55-64, and 65 or older.

Population by Age						
	KFH-Fontana Medical Center Service Area		KFH-Ontario Medical Center Service Area		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	105,170	7.7%	52,723	6.5%	2,521,299	6.6%
Age 5-17	292,003	21.3%	155,105	19.3%	6,690,989	17.6%
Age 18-24	154,201	11.3%	92,628	11.5%	3,988,766	10.5%
Age 25-34	191,929	14.0%	114,389	14.2%	5,513,196	14.5%
Age 35-44	172,807	12.6%	115,675	14.4%	5,175,688	13.6%
Age 45-54	175,547	12.8%	113,612	14.1%	5,248,476	13.8%
Age 55-64	138,760	10.1%	85,786	10.6%	4,310,599	11.3%
Age 65+	140,366	10.2%	76,022	9.4%	4,617,907	12.1%

Source: U.S. Bureau of the Census, 2010-2014 American Community Survey.

## Race and Ethnicity

The service areas are diverse in terms of race/ethnicity. In the KFH-Fontana Medical Center Service Area, Whites make up 64.6% of the population; Blacks/African Americans comprise 9.4% of the population and Asians 4.7%. In the KFH-Ontario Medical Center Service Area, 60.0% of the population is White; African Americans comprise 6.4% of the population and Asians 11.7%. The largest portion of the KFH-Fontana/Ontario Medical Center Service Areas is Hispanic or Latino.

Population by Race								
	KFH-Fontana Medical Center Service Area		KFH-Ontario Medical Center Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White	885,637	64.6%	483,701	60.0%	660,447	64.2%	23,650,912	62.1%
Black or African American	129,296	9.4%	51,195	6.4%	170,307	16.6%	2,262,323	5.9%
Asian	64,074	4.7%	94,214	11.7%	133,270	13.0%	5,130,536	13.5%
Native American & Alaska Native	12,730	0.9%	5,631	0.7%	7,479	.7%	287,360	0.8%
Native Hawaiian & Pacific Islander	4,349	0.3%	1,743	0.2%	6,465	.6%	147,286	0.4%
Some Other Race	219,812	16.0%	132,590	16.5%	4,801	.5%	4,890,329	12.9%
Multiple Races	54,885	4.0%	36,867	4.6%	45,644	4.4%	1,698,173	4.5%

Population by Ethnicity								
	KFH-Fontana Medical Center Service Area		KFH-Ontario Medical Center Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	718,441	52.4%	414,496	51.4%	1,050,173	50.5%	14,534,449	38.2%
Non-Hispanic or Latino*	652,341	47.6%	391,442	48.6%	1,028,413	49.5%	23,532,472	61.8%

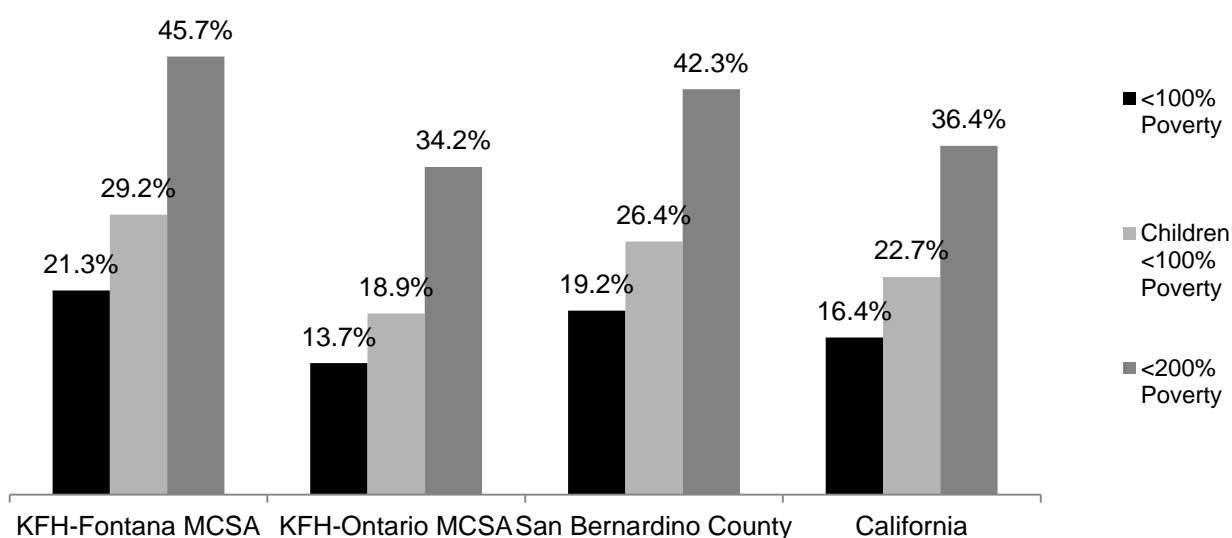
Source: U.S. Bureau of the Census, American Community Survey, 2010-14.

\* Includes people who did not report being of Hispanic/Latino origin.

## Poverty

Poverty thresholds are used for calculating poverty population statistics; they are updated each year by the Census Bureau. For 2013, the Federal Poverty Level (FPL) for one person was \$11,490 and for a family of four \$23,550. Poverty is a key indicator associated with health, as individuals with less income have more limited access to various health services.

In the KFH-Fontana Medical Center Service Area, 21.3% of the total population and 29.2% of children are living below the poverty level. In the KFH-Ontario Medical Center Service Area, 13.7% of the total population and 18.9% of children specifically are below poverty level. There are also a higher percentage of those who live at or below 200% of the FPL in the KFH-Fontana Medical Center Service Area than in the state.



Source: U.S. Bureau of the Census, American Community Survey, 2010-14.

## Unemployment

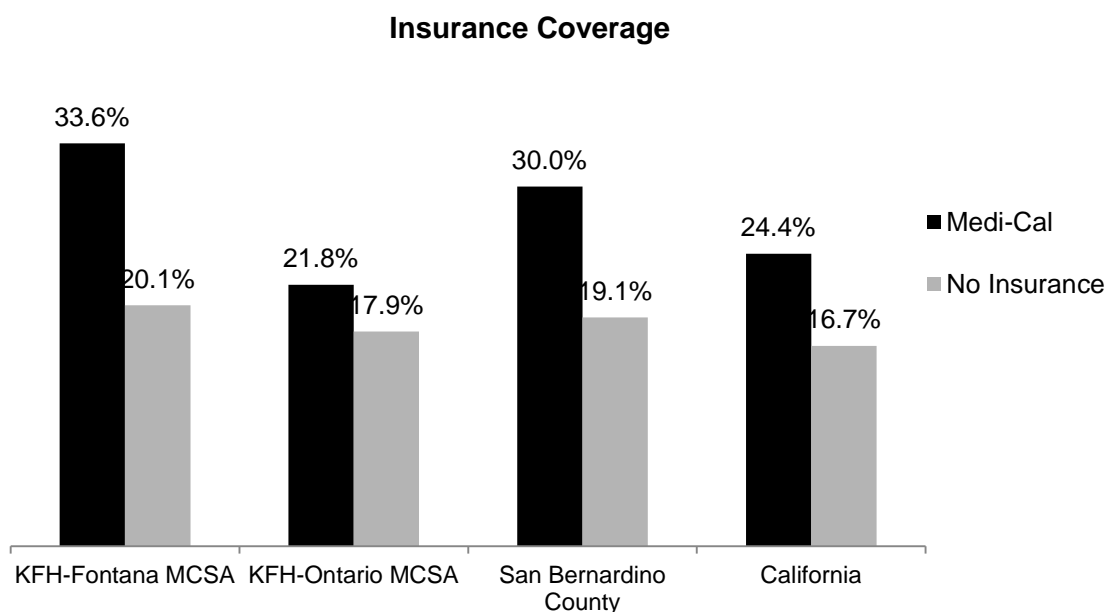
Unemployment is an important indicator because it results in financial instability and creates barriers to accessing health coverage, health services, healthy food, and other necessities that contribute to poor health. The KFH-Fontana/Ontario Medical Center Service Areas have a slightly higher unemployment rate than the state.

	KFH-Fontana Medical Center Service Area	KFH-Ontario Medical Center Service Area	San Bernardino County	S CA MCA	California
Unemployment rate	6.9	7	5.7	6.7	6.8

Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December.

## Health Insurance Coverage

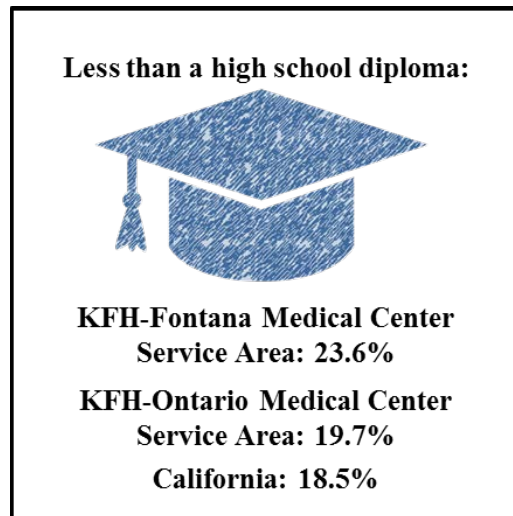
Health insurance coverage is considered a key component to accessing healthcare, including regular primary care, specialty care, and other health services that contribute to one's health status. The Healthy People 2020 objective is for 100% of the population to have health insurance. The percentage of the population without insurance is higher in the both service areas than in the state. A higher percentage of residents in the KFH-Fontana Medical Center Service Area (33.6%) are covered through Medi-Cal as compared to the KFH-Ontario Medical Center Service Area (21.8%) and the state. It is important to note that the data provided below is aggregated from 2010-2014 in order to produce accurate estimates of geographic areas (e.g. MCSAs) and this time frame includes enrollment data from both before and after roll out of the Affordable Care Act and coverage expansion. The landscape of health coverage continues to shift as a result of Medi-Cal expansion and other changes to the availability of health coverage in California.



Source: US Census Bureau, American Community Survey. 2010-14.

## Education

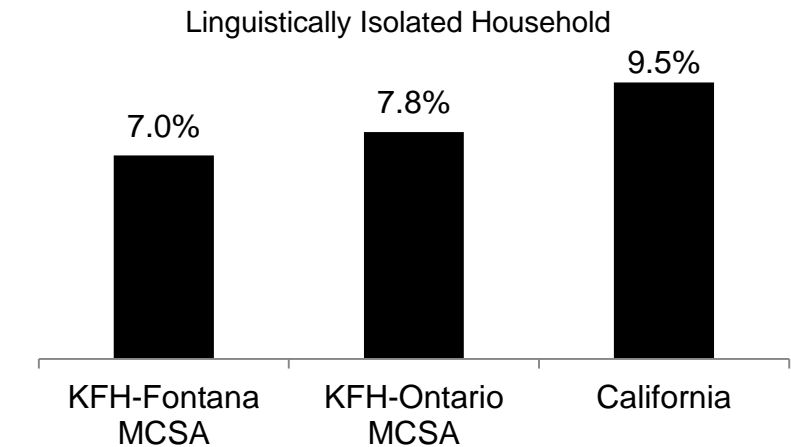
Educational attainment is associated with employment and earnings over time. Individuals with lower educational attainment are more likely to have lower incomes, which can impact their opportunities to access health services and other health-promoting items. Of the KFH-Fontana Medical Center Service Area population aged 25 and over, 23.6% have less than a high school diploma. In the KFH-Ontario Medical Center Service Area, this percentage is slightly lower at 19.7%. The KFH-Fontana Medical Center Service Area is higher than the California high school incompleteness rate (18.5%), while the Ontario service area is slightly lower than the S CA MCA but higher than the state.



Source: US Census Bureau, American Community Survey. 2010-14.

## Linguistically Isolated Households

A linguistically isolated household identifies the percentage of the population age 5 and older that lives in a home in which no person 14 years old and over (1) speaks only English, or (2) speaks a non-English language and speaks English "very well." Individuals in linguistically isolated households may feel less comfortable accessing health and preventive services if medical professionals are not available who speak their language, thus resulting in poorer health outcomes over time. Fewer households in the KFH-Fontana/Ontario Medical Center Service Areas are linguistically isolated than in the state overall.

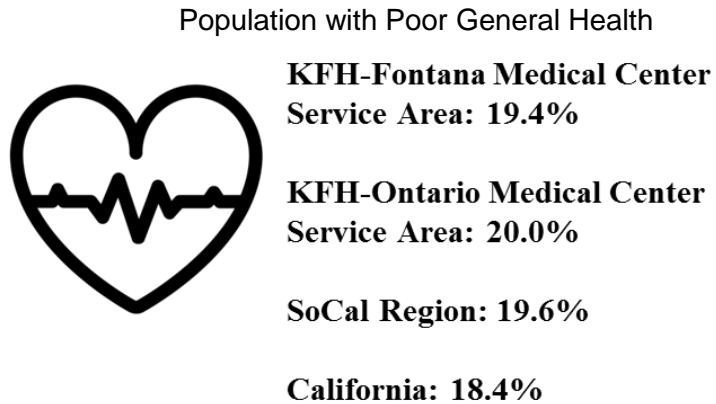


Source: US Census Bureau, American Community Survey. 2010-14..



## Overall Health Status

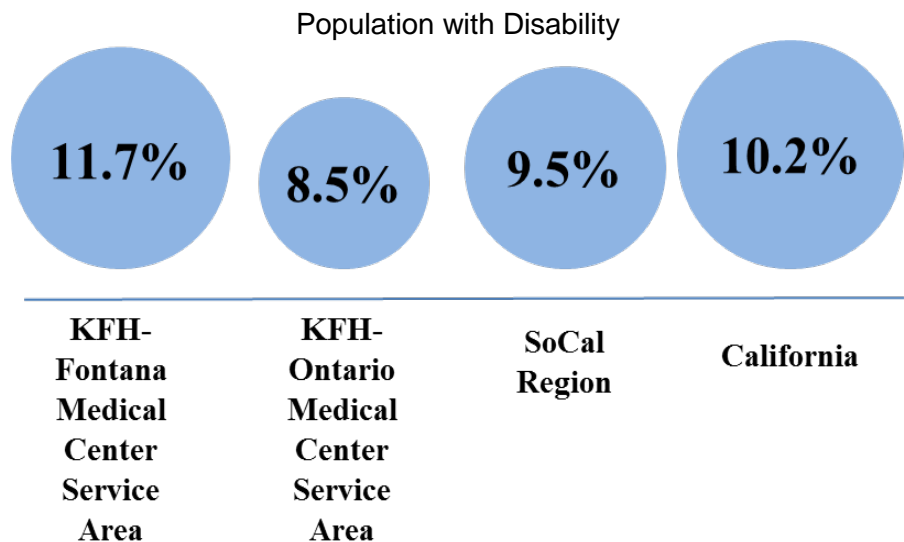
Research has demonstrated that self-reported health measures are a good predictor of mortality and functional ability. The percentage of residents who identified their health as poor in the KFH-Fontana/Ontario Medical Center Service Areas is higher than the state rate (18.4%). Fontana falls slightly below the S CA MCA (19.6%), while Ontario falls slightly above.



*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.*

## Population with Disability

The population with disability indicator reports the percentage of the non-institutionalized population with a disability. A person is considered to have a disability if they have specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. The KFH-Fontana Medical Center Service Area (11.7%) has a higher disability rate as compared to the S CA MCA (9.5%) and state rates (10.2%); whereas the KFH-Ontario Medical Center Service Area (8.5%) is lower than both.



*Source: US Census Bureau, American Community Survey. 2009-13.*

## Premature Death

Years of Potential Life Lost (YPLL) measures premature death per 100,000 population and is calculated by subtracting the age of death from the 75 year benchmark. The measure weights deaths at younger ages, which helps point toward potentially preventable causes of death. This can provide a unique and comprehensive look at overall health status by examining premature deaths in a community. The KFH-Fontana (6,709) and KFH-Ontario (6,484) Medical Center Service Area rates are higher than the S CA MCA (5,500) and State (5,594) rates.

### Years of Potential Life Lost

	KFH- Fontana Medical Center Service Area	KFH- Ontario Medical Center Service Area	S CA MCA	California
<b>Years of Potential Life Lost, Rate per 100,000 Population</b>	6,709	6,484	5,500	5,594

Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.

## IV. Who was Involved in the Assessment

### A. Identity of Hospitals that collaborated on the assessment

KFH-Fontana/Ontario did not collaborate with other hospitals in the CHNA. A collaborative was formed in July, 2015, consisting of partner hospitals but timing of each hospital timeline did not enable full collaborative partnership.

### B. Other partner organizations that collaborated on the assessment

KFH has been an active participant in Community Vital Signs—a community-driven health improvement effort in partnership with the San Bernardino County Public Health Department, other nonprofit hospitals, community based organizations, government agencies and community members --that has been in existence since 2011. This work has resulted in creation of a San Bernardino County-wide health improvement framework, an in-depth assessment of the current health of the residents of San Bernardino County, and a Community Transformation plan that includes evidence-based goals and priorities to align with national and statewide efforts through Healthy People 2020 and Healthy California 2020. KFH and the CHNA consultants took care to build upon the work of Community Vital Signs throughout the CHNA process. Additional details of how the work of Community Vital Signs (specifically identified health needs) was considered and integrated into the CHNA can be found in descriptions of primary and secondary data collection and analysis.

### C. Identity and qualification of consultants used to conduct the assessment

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public

sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both healthcare reform and the CHNA process in particular.

## V. Process and Methods Used to Conduct the CHNA

### A. Secondary Data

#### *i. Sources and dates of secondary data used in the assessment*

KFH-Fontana/Ontario used the Kaiser Permanente CHNA Data Platform ([www.chna.org/kp](http://www.chna.org/kp)) to review over 150 indicators from publically available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix A. Platform data is organized based on the Mobilizing Action Toward Community Health (MATCH) framework, a population health model that emphasizes that many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and morbidity status of the community, and the four key sets of drivers that impact that status: access to health care, behaviors, socio-economic factors, and the physical environment.

#### *ii. Methodology for collection, interpretation and analysis of secondary data*

Secondary data was organized by a framework of potential health needs and included a comprehensive list of health need areas explored during this assessment process. This framework was developed from Kaiser Permanente's list of potential health needs. The CHNA team, in consultation with Medical Center staff, elected to adopt this set of health needs as the basis of analysis because it is well-aligned with existing ongoing efforts at the county level to benchmark health and upstream drivers of health.

The KP Platform included estimates for each Medical Center Service Area. In most cases, the service area values represent the aggregate of all data for geographies (ZIP codes, counties, tracts, etc.) which fall within the service area boundary. When one or more geographic boundaries are not entirely encompassed by a service area, the measure is aggregated proportionally. The options for weighting "small area estimations" are based upon: 1) Total Area, 2) Total Population, and 3) Demographic-group Population.

An area-based estimate assumes equal population distribution throughout the target area. For example, if 1,000 people live in a tract, and 20% of the tract lies within the service area, we would assume 200 people live within the service area. A total-population-based estimate refines the method by weighting the calculation based on more precise estimates for total population, in our case, using block-level data from the 2010 U.S. Census. For example, if 1,000 people live in a tract, and 20% of the tract lies within the service area, but we know from our more granular data that the population is more heavily distributed in that region, we might calculate that 500 people live within the service area.

The population-based estimate may be further refined for each statistic to account for variation in the spatial distribution of specific demographic groups. For example, we have indicators which measure breast cancer screening rates. Using the same example above, if 1,000 people live within a tract, and the total population is heavily distributed in the service area, but the population of females is more dispersed, we might determine that only 100 persons in our target-population from the tract live within the service area.

Where available, data for each Medical Center Service Area were considered alongside relevant benchmarks including values for the state of California, San Bernardino County value, and the SCA MCA. Secondary data was scored against a benchmark, typically the value for the State of California, according to the Kaiser Permanente Scoring Methodology:

- A score of “0” was assigned if the service area scored **better than or the same as** the benchmark
- A score of “1” was assigned if the service area scored **1% - 1.99% worse** than the benchmark
- A score of “2” if the service area scored **2% worse (or more)** than the benchmark.

These scores were used to generate an average score for each potential health need. If no appropriate benchmark was available, an indicator could not be scored; however, such indicators remain in the final data (Appendix A) and were used to provide supplementary information about identified health needs.

## B. Community Input

### *i. Description of the community input process*

Community input was provided by a broad range of community members through the use of key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, other individuals with expertise in local health needs were consulted. A concerted effort was made to include non-traditional stakeholders in the CHNA process; specifically community leaders and members who have on-the-ground knowledge of health needs and assets in the community but who may not hold formal leadership positions or who do not work in public health or health care settings. For example, focus groups and interviews included members of the business community, faith leaders, youth-serving organizations, and community-based health providers (such as public health nurses and promotores). For a complete list of individuals who provided input, see Appendix B.

Focus groups were selected as a methodology in order to maximize participation by a wide variety of stakeholders who could bring diverse perspectives about health needs, assets and disparities within the communities served by the medical center service area. Potential focus group participants and interviewees were identified through a collaborative effort of Community Benefit and the CHNA consultants to ensure diverse community representation within each MCSA. Focus group participants were recruited through email invitations that were distributed broadly through leaders and community based organizations in the MCSA. Those that received the invitation were encouraged to share the invitation with others in their networks. Interviews were used to reach individuals, who could bring depth to the discussion of health needs as well as ongoing efforts and assets to address those health needs. Individuals selected to participate in interviews received a personal email invitation and follow-up phone call to schedule the interview. Together, focus groups and interviews created a balance of breadth and depth to the primary data for the CHNA.

## *ii. Methodology for interpretation and analysis of primary data*

Health needs assessment for the CHNA was conducted keeping in mind the work of the recent San Bernardino County Community Vital Signs: Community Transformation Plan is a countywide initiative designed to improve the health of San Bernardino County that included extensive participation by KFH-Fontana/Ontario, residents, community organizations, and government. It was important to acknowledge and build upon the health needs identified from the Community Vital Signs work within the CHNA since many community stakeholders participated in both efforts and major strategic planning efforts were underway that built upon this work (see the Community Transformation Plan at <http://communityvitalsigns.org/portals/41/CommunityTransformationPlan.pdf>). Therefore, protocols for focus groups and stakeholder interviews included a presentation of the health needs identified via Community Vital Signs, followed by several key questions designed to confirm and expand upon these health needs:

- Do these seem like they are still the top health needs in these communities today?
- What are the biggest health issues and/or conditions that the community struggles with?
- Has anything changed that has impacted these needs?
- Is there anything that is missing from the list?
- Which needs are most urgent to address?

In this way the CHNA built upon existing community efforts but also allowed for new and emerging health needs to surface.

**Interviews.** Interviewees included public health experts; representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency); as well as leaders, representatives, or members of medically underserved, low-income, chronically diseased, and minority populations. Other individuals from various sectors with expertise of local health needs were also consulted. A total of 10 key informant interviews were conducted in October and November 2015. All stakeholder interviews were digitally recorded and transcribed verbatim. Transcripts were analyzed using ATLAS.ti software to identify important health needs. Each health need mentioned was noted (including new health needs) and was scored as “present” or “absent” within each interview. After all interviews were scored, each health need received a score indicating the percentage of interviewees that identified the health need. Interviewees were also asked to identify community assets available to address health needs.

**Focus Groups.** A total of four focus groups were conducted with a total of 72 community stakeholders for the KFH-Fontana/Ontario Medical Center Service Areas and were held in areas intended to support broad geographic participation across the Medical Center Service Areas:

- IEHP Community Resource Center, San Bernardino (Central Region, KFH-Fontana Medical Center)
- Montclair Senior Center, Montclair (West End, KFH-Ontario Medical Center)
- Hook Community Center, Victorville (High Desert, KFH-Fontana Medical Center)
- Hearts & Lives, Crestline (Mountain Communities, KFH-Fontana Medical Center)



Focus group participants included individuals identified as leaders, representatives or members of medically underserved, low-income, chronically diseased and minority populations. Transcripts from focus groups were analyzed for the presence of health needs using ATLAS.ti software. Each of the health needs identified was assigned a score indicating the percentage of focus groups that identified that health need as important to the service area. Focus group participants also engaged in discussions about disparities experienced in the community around health needs and identified community assets that exist to address health needs raised during the session.

## C. Written Comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH-Fontana/Ontario had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

## D. Data limitations and information gaps

The Kaiser Permanente CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

# VI. Identification and Prioritization of Community Health Needs: Process and Key Findings

## A. Identifying Community Health Needs

### *i. Definition of Health Need*

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

## *ii. Criteria and analytical methods used to identify the community health needs*

The significant health needs were identified by comparing secondary data for the service area with SCA MCA and state benchmarks and analyzing the content of interviews and focus groups. The criteria for identifying health needs were that at least one indicator for the need fared worse than the state benchmark and that the health need consistently emerged during interviews and focus groups. To assess each potential health need, a score was calculated based on the extent to which the indicators fared worse than the benchmark and the number of interviews and focus groups in which the health need emerged. For each data source (secondary data, interviews and focus groups), the health needs were ranked based on their scores. A health need was considered “present” in interview and focus groups if coders identified it as achieving consensus among focus group members or as a significant point of discussion for interviewees. The ranks were then averaged to create a final overall rank score. For each health need, a lower rank indicated that a higher proportion of indicators fared worse than the benchmarks and that the health need emerged in a greater percentage of interviews and focus groups compared with the other health needs. A high rank indicated that the health need had a lower proportion of indicators that fared worse than the benchmarks and was mentioned less frequently in primary data.

## **B. Process and criteria used for prioritization of the health needs**

The significant health needs were prioritized using a combination of the Simplex and Nominal Group methods. The Simplex method is a quantitative technique for collecting input from stakeholders through a survey with close-ended questions. The Nominal Group method is a qualitative approach that is used to enhance stakeholders understanding of health needs through reflection and facilitated discussion. The process by which these two methods were used to complement one other is described in detail below.

**Pre-Prioritization:** In advance of an in person prioritization session, the Simplex method was employed to encourage broader community participation and to help familiarize community stakeholders with the identified health needs. As part of this method, an online survey was developed and disseminated via email that asked community members to assess each health need according to a pre-selected set of criteria. Invitations to participate in pre-prioritization and prioritization activities were sent to all individuals that were invited to participate in focus groups and interviews. This included public health experts; representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency); representatives, and members of medically underserved, low-income, chronically diseased, and minority populations; members of the business community; and leaders from community based organizations with deep knowledge of the communities in the MCSA. To better inform participants about the health needs, summaries were provided that included descriptions of all of the health needs and pertinent secondary data.

The following three criteria were used to assess the health needs during the pre-prioritization activity:

<b>Criteria</b>	<b>Definitions</b>
<b>Severity</b>	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
<b>Community Concern</b>	The community prioritizes this health need over other health needs.
<b>Urgency</b>	Addressing the health need is urgent; there are serious consequences of delaying action.

Online survey respondents were instructed to rate health needs on these three criteria using a five point scale. Scores of 1 indicated the criterion is not that important in prioritizing health issues whereas scores of 5 indicated the criterion is extremely important in prioritizing health issues. The averages for each criterion were added together to establish an overall score and create a pre-prioritization ranking for all of the health needs. An overall score ranging from 12-15 indicated high priority; an overall score ranging from 7-11 indicated moderate priority; and an overall score of 3-6 indicated low priority. In total, 38 online surveys were completed from stakeholders representing the KFH-Fontana/Ontario Medical Center Service Areas. A summary of this data can be found in Appendix E.

**Prioritization Sessions:** The Nominal Group method was used during three prioritization sessions that were facilitated in person and online via webinar: one in-person session for Ontario on January 11, 2016, one in-person for Fontana on January 15, 2016, and one webinar for Fontana on January 13, 2016. The webinar prioritization session was offered as a way to include stakeholders from more remote regions of the KFH-Fontana Medical Center Service Area such as the high desert and mountain communities. A total of 14 stakeholders attended the prioritization session for the KFH-Ontario Medical Center Service Area while 14 attended the sessions for the KFH-Fontana Medical Center Service Area.

The goals for all of the prioritization sessions were to: review the identified health needs; share and discuss the findings from the online pre-prioritization survey; engage stakeholders in more in-depth discussions around health disparities; and prioritize the health needs through a voting process. The prioritization session began with an overview of the CHNA process to date followed by a presentation of the 14 identified health needs with their criteria scores and overall pre-prioritization scores. As health needs were presented, stakeholders were asked to identify populations that experience disproportionate levels of health disparities and those may be under-resourced to meet health needs by adding thoughts to chart paper that was placed around the room. In this way, gaps in resources to address health needs were considered as part of prioritization. The group then shared out what they posted in discussion.

During the last activity of the session, stakeholders were invited to create the final prioritization of health needs using a technique called *Dotmocracy*. Each participant was given a total of 5 sticker dot votes, with the additional limitation of applying no more than 2 votes for a single health need. Stakeholders were instructed to vote based on the needs of the entire service area while taking severity, community concern, urgency, and disparities into consideration, using the criteria that appear in the table below.

Prioritization Activity Criteria	
Criteria	Definitions
<b>Severity</b>	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
<b>Community Concern</b>	The community prioritizes this health need over other health needs.
<b>Urgency</b>	Addressing the health need is urgent; there are serious consequences of delaying action.
<b>Disparities</b>	Health need disproportionately impacts certain groups of people more than others. For example, by geography, age, gender, racial/ethnic subpopulations, or others.

The inclusion of specific criteria for the consideration of disparities made this process unique from the pre-prioritization activity and added important contextual information to the process. Each dot was counted as one vote in the final prioritization of health needs and the list of prioritized health needs was finalized using these rankings.

## C. Prioritized description of all the community health needs identified through the CHNA

### *i. Community Health Landscape and Trends*

This section describes the health outcomes and important determinants (drivers) of health in the community. The list of significant health outcomes and drivers listed in this section is determined by the secondary and primary data collection and analysis (as described in Section V). This section includes summaries of significant morbidity and mortality (health outcomes) and significant health drivers. Health outcomes provide information about how a community fares on a particular health issue (for example, asthma) relative to other communities and national benchmarks. Health drivers are factors that directly influence health and therefore provide important contextual information when thinking about a health need in a community.

The following health outcomes and drivers are presented in this section:

#### **Significant Morbidity and Mortality (Health Outcomes)**

1. Asthma
2. Cancers
3. Cardiovascular Disease/Stroke
4. HIV/AIDS/Sexually Transmitted Infections
5. Maternal and Infant Health
6. Mental Health
7. Obesity and Diabetes
8. Oral Health

#### **Significant Health Drivers**

1. Access to Care
2. Economic Security
3. Healthy Eating and Living (HEAL)
4. Health and Climate
5. Substance Abuse and Tobacco Use
6. Violence and Injury Prevention

### *a. Significant Morbidity and Mortality (Health Outcomes)*

A brief summary of significant causes of morbidity and mortality (health outcomes) is presented here in alphabetical order. Full descriptions and supporting data for each health need can be found in the Health Need Profiles found in Appendix C

#### *i. Asthma*

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and

shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives (Healthy People 2020). In the United States in 2014, **7.4% of adults and 8.6% of children had asthma** (National Center for Health Statistics). Data for the KFH-Fontana/Ontario Medical Center Service Areas indicate there is a higher prevalence of asthma among adults than both the S CA MCA and the state. While asthma-related hospitalization-rates are lower than the S CA MCA and state benchmarks for the KFH-Ontario Medical Center Service Area, they are higher than benchmarks in the KFH-Fontana Medical Center Service Area.

Community members reported that asthma impacts children, older adults, and smokers disproportionately more than other groups. Those that live in high density or substandard housing are at higher risk than other groups due to the presence of asbestos, dust, mold and lead paint. Neighborhoods in and around industrial facilities, train tracks, and busy freeways expose people to pollutants that can exacerbate asthma. Poor air quality, especially when there are wild fires, can trigger asthma and result in hospitalizations. The uninsured, immigrants and non-English speakers experience challenges receiving care for asthma.

## ii. Cancers

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet **cancer remains the second leading cause of death in the United States**. Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and excessive alcohol use (Healthy People 2020). The KFH-Fontana/Ontario Medical Center Service Areas have higher incidence per 100,000 population of cervical, colon, rectum, lung and prostate cancer than the S CA MCA and the state. However, the KFH-Fontana/Ontario Medical Center Service Areas have a lower incidence of breast cancer than the S CA MCA and state. For all forms of cancer, the KFH-Fontana/Ontario Medical Center Service Areas also have a higher mortality rate compared with the state benchmark.

Non-Hispanic Whites and Blacks in the KFH-Fontana/Ontario Medical Center Service Areas have higher cancer mortality compared to other race/ethnicities. Hispanic/Latinos have the highest cervical cancer incidence rate while Blacks have the highest prostate and colon/rectum incidence rate in both services areas. Similar trends are seen at the S CA MCA and state level.

Community leaders recognized the connection between access to care, economics and cancer mortality rates. The poor, uninsured, immigrants, Spanish speakers and those with substance abuse issues were seen as disproportionately affected by cancers. These groups are least likely to seek preventative medical care and are unlikely to receive regular screening so that cancers can be identified before progressing to advanced stages. Geographically, those in the Desert and Mountain regions of the KFH-Fontana Medical Center Service Area are believed to be at higher risk due to the difficulty of accessing care due to transportation issues. The poor were seen as having less access to fresh fruits and vegetables and less access to safe public spaces in which to exercise, putting them at additional risk for developing cancer.

## iii. Cardiovascular Disease and Stroke

Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, **heart disease and stroke are among the most widespread and costly health problems facing the Nation today**, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone (Healthy People 2020). In California, cardiovascular disease and stroke were the first and third leading causes of death, respectively (California's Leading Causes of Death, 2013). While heart disease prevalence in San Bernardino



County is comparable to California- 6.3%, the KFH-Fontana/Ontario Medical Center Service Areas both have higher mortality rates due to heart disease than the S CA MCA and the state. Stroke mortality rates are also higher than the state in the KFH-Fontana Medical Center Service Area.

**Non-Hispanic Whites in the KFH-Fontana/Ontario Medical Center Service Areas have higher rates of mortality due to ischemic heart disease compared to Whites in the S CA MCA and state.**

Blacks have the highest rate of mortality due to ischemic heart disease in both services areas. These rates are similar to the S CA MCA and state rates. Community leaders identified those living in low income households as disproportionately impacted by cardiovascular disease and stroke relative to other groups. The connection between poverty, lack of access to healthy foods and low levels of physical activity are seen as drivers of these disparities.

#### **iv. HIV/AIDS/Sexually Transmitted Infections**

Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact and include diseases such as HIV, Chlamydia and Syphilis. In 2014, the national rate of chlamydial infections was 456.1 per 100,000 population (National Center for Health Statistics). **More than 1.2 million people in the United States are living with HIV infection** (National Center for Health Statistics). STIs can affect immediate and long-term health as well as the economic and social well-being of individuals, families, and communities (County Health Rankings). The KFH-Fontana/Ontario Medical Center Service Areas have lower prevalence and hospitalization rates for HIV than the S CA MCA and state. However, the incidence of chlamydia is higher than S CA MCA and state benchmarks in both Medical Center Service Areas.

Blacks have the highest prevalence rate of HIV in the KFH-Fontana/Ontario Medical Center Service Areas compared to other race/ethnicities. However, Blacks in the KFH-Fontana/Ontario Medical Center Service Areas have a lower HIV prevalence compared to Blacks in the S CA MCA and state. HIV screening rates are similar in both KFH-Fontana/Ontario Medical Center Service Areas, the S CA MCA and state.

**Community stakeholders reported that HIV/AIDS is a neglected issue in San Bernardino County that disproportionately impacts intravenous drug users and youth, especially among the LGBTQ community.** The High Desert S CA MCA of the KFH-Fontana Medical Center Service Area has high levels of IV drug use putting individuals living there at higher risk for HIV/AIDS. There is also concern about the potential prevalence of HIV/AIDS among the homeless population. Geographically, there is a paucity of resources for HIV/AIDs in the Mountain regions of the KFH-Fontana Medical Center Service Area.

#### **v. Maternal and Infant Health**

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (Healthy People 2020). In the United States in 2014, 8% of babies were born with low birthweight; infant mortality was 596.1 deaths per 100,000 live births; and the birth rate for mothers age 15-19 years was 24.2 live births per 1,000 women (National Center for Health Statistics)

While **both Medical Center Service Areas have rates of infant mortality higher than the state and**

**S CA MCA**, there are notable differences among other indicators across the two Medical Center Service Areas. The KFH-Fontana Medical Center Service Area experiences markedly higher rates of teen births than the S CA MCA and the state. Fewer mothers receive prenatal care and there are higher rates of babies born with low birthweight. In contrast, KFH-Ontario has a lower teen birth rate, fewer mothers go without prenatal care, and the rate of low birthweight babies is about the same relative to the S CA MCA and the state.

The KFH-Fontana/Ontario Medical Center Service Areas have lower breastfeeding rates compared to the S CA MCA and state. Blacks, Asians and Native American/Alaskan Natives have the lowest rates of exclusive breastfeeding in the KFH-Fontana/Ontario Medical Center Service Areas. Similar trends can be seen at the S CA MCA and state level.

**There are notable racial and ethnic disparities in regards to infant mortality in California and San Bernardino County. The rate of deaths per 1,000 births among Black women is twice that of non-Hispanic White mothers and Hispanic mothers.** Multiracial mothers experience nearly three times the infant mortality rate of non-Hispanic Whites and more than double-that of Hispanic/Latina mothers.

## **vi. Mental Health**

Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. **Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality** (Healthy People 2020). In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days (National Center for Health Statistics).

Both the KFH-Fontana/Ontario Medical Center Service Areas have fewer mental health service providers per 100,000 people than the S CA MCA and the state. **More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents of both Medical Center Service Areas have more poor mental health days per month on average compared to other adults in the S CA MCA and the state.**

## **vii. Obesity and Diabetes**

Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. **In the United States in 2011-2014, the prevalence of obesity was just over 36% in adults and 17% in youth (National Center for Health Statistics). Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence.** Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer (County Health Rankings). Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death (Healthy People 2020). In California, diabetes was the seventh leading cause of death (California's Leading Causes of Death, 2013).

**While adults in the KFH-Fontana Medical Center Service Area are about as likely to be overweight as adults in the S CA MCA and statewide, they are proportionately higher rates of**

**obesity among adults relative to these two groups.** The same pattern holds true for youth in this Medical Center Service Area. While youth are equally likely to be overweight compared to those in the S CA MCA and state, proportionately more youth are obese. Diabetes is more prevalent in the KFH-Fontana Medical Center Service Area and there are more diabetes-related hospitalizations compared to the S CA MCA and the state.

Adults and youth in the KFH-Ontario Medical Center Service Area are equally likely to be overweight but more likely to be obese in comparison to those in the S CA MCA and the state. Diabetes is also more prevalent in the KFH-Ontario Medical Center Service Area than either the S CA MCA or the state and diabetes hospitalization rates are higher than those in the S CA MCA but equivalent to those statewide.

## **viii. Oral Health**

Poor oral health has serious consequences, including painful, disabling, and costly oral diseases such as dental caries (cavities), periodontal (gum) disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers. Nationally, in 2012, only 67% of adults 18+ had visited a dentist within the past year (National Center for Health Statistics). A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke (Healthy People 2020). Dental care utilization, which is a measure of the percentage of people who have not visited a dentist, dental hygienist or dental clinic within the past year, among adults and children in the KFH-Fontana/Ontario Medical Center Service Areas is worse than the S CA MCA and state. **Though San Bernardino County has higher rates of dental coverage than the state (40.9%), the percentage of residents who report having no dental insurance in the KFH-Fontana Medical Center Service Area (39.7%) and KFH-Ontario Medical Center Service Area (40.6%) represents over one third of the population.**

A higher percentage of Hispanic or Latinos in the KFH-Fontana/Ontario Medical Center Service Areas do not have dental insurance compared to other race/ethnicities. There is a similar trend at the state level. During forum discussions, community stakeholders and leaders identified the Mountain and High Desert regions of the KFH-Fontana Medical Center Service Area as having little to no access to free/low-cost dental services. Needs are seen as particularly acute for seniors who live on fixed incomes (many need dentures), low income families, African-Americans and undocumented adults who cannot access government-sponsored programs. While free services can be obtained for younger children, parents have difficulty finding low-cost programs targeted at teens and young adults.

Parents with low educational attainment also were seen as lacking awareness of the value of seeking dental care for their young children and requiring support to locate and utilize services.

## *b. Significant Health Drivers*

### **i. Access to Care**

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. In 2014, approximately 11.5% of Americans were uninsured; and the rate of uninsured 18-64 year olds was higher at 16.3% (National Center for Health Statistics). In California in 2013, 54.2% of physicians accepted new Medi-Cal patients, which is lower than the national average (68.9%; National Center for Health Statistics Data Brief). Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access

to health care impacts people's ability to reach their full potential, negatively affecting their quality of life (Healthy People 2020). Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality.

Residents of the KFH-Fontana/Ontario Medical Center Service Areas lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. A higher percentage of residents in KFH-Fontana Medical Center Service Area are uninsured and receiving Medi-Cal compared to KFH-Ontario Medical Center Service Area, the S CA MCA and state. **The KFH-Fontana Medical Center Service Area also has a percentage of preventable hospital events compared to the KFH-Ontario Medical Center Service Area, the S CA MCA and state.**

**Community stakeholders identified health care access as being especially problematic for those living in the Mountain and Desert regions of the KFH-Fontana Medical Center Service Area;** in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the KFH-Fontana/Ontario Medical Center Service Areas, undocumented and mixed –status families, the poor and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable to them.

## **ii. Economic Security**

Economic security includes factors that can impact the overall ability of families or individuals to be healthy such as income, neighborhood environment and access to resources. Many of these factors are social determinants of health which affect a person's ability to live in a healthy and safe environment and to access health resources within the community. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative health damage. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high income counterparts (CDC, Social Determinants of Health).

Unemployment remains higher in the KFH-Fontana/Ontario Medical Center Service Areas compared to the S CA MCA and the state. **Residents in the KFH-Fontana Medical Center Service Area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200% of the FPL than residents in the KFH-Ontario Medical Center Service Area, the S CA MCA and the state.** Blacks, Native Americans and Hispanic or Latinos in the KFH-Fontana Medical Center Service Area are more likely to live below the FPL compared to other race/ethnicities. A similar trend can be seen at the S CA MCA and state level.

Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide. In the KFH-Fontana Medical Center Service Area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with “non- proficient” reading levels. Similar trends are seen at the S CA MCA and state level. In the KFH-Ontario Medical Center Service Area, Hispanic or Latinos and Blacks have the highest percentage of 4th graders with “non-proficient” reading levels.

Community members stated that economic instability affects adults with low educational attainment the most since those adults struggle to access jobs that pay a living wage. Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as disproportionately impacted by poverty in these Medical Center Service Areas due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred

during the recession. The homeless, veterans and people diagnosed with mental illness are more likely to live in poverty than other groups of people.

While low income households can be found across the KFH-Fontana/Ontario Medical Center Service Areas, **the highest concentrations of poverty can be found in High Desert, the Rim communities, Adelanto, and central San Bernardino**, due to low educational attainment and lack of jobs. Distance from major urban centers prohibits commuting to find better jobs or results in long (as much as three hours each way) commutes that impact quality of life.

### iii. Healthy Eating and Living (HEAL)

Health behaviors can affect many health outcomes and are strongly related to obesity and diabetes, cancers, cardiovascular disease and stroke and asthma (Healthy People 2020). Healthy eating and living encompasses broad categories of behavior, such as daily fruit and vegetable consumption, physical activity, participation in health screenings, and limiting tobacco and alcohol usage. In addition, good nutrition and physical activity are important to the growth and development of children and chronic disease prevention across the lifespan. In the United States in 2014, only 49.9% of adults 18 years of age and older met the Physical Activity Guidelines for aerobic physical activity (National Center for Health Statistics).

**Over 70% of adults in the KFH-Fontana/Ontario Medical Center Service Areas have inadequate fruit and vegetable consumption and approximately 19% do not participate in any leisure time physical activity, which is slightly higher than the rate in the S CA MCA and state.** Hispanic or Latinos, Blacks and Multiracial individuals report higher levels of youth physical inactivity in the KFH-Fontana Medical Center Service Area compared to the S CA MCA and state. Non-Hispanic other races have the highest percentages of children eating less than 5 servings of fruit and vegetables in KFH-Fontana Medical Center Service Area. A lower percentage of children and teens in the KFH-Fontana/Ontario Medical Center Service Areas engaged in active transport to school compared to the state.

**KFH-Ontario Medical Center Service Area has a larger amount of fast food restaurants (83.1/100,000 population) compared to KFH-Fontana Medical Center Service Area, the S CA MCA and state.** This relative prevalence of fast food to grocery outlets carrying more nutritional food can pose a barrier to healthy eating by both adults and children. KFH-Fontana Medical Center Service Area has the lowest percentage of the population living within ½ mile of a park (40.8%) compared to the KFH-Ontario Medical Center Service Area, S CA MCA and state which may make it more difficult for people to engage in physical activity.

A higher percentage of adults use tobacco in both the KFH-Fontana/Ontario Medical Center Service Areas compared to the S CA MCA and state. Fewer people in the KFH-Fontana/Ontario Medical Center Service Areas receive regular health screenings, such as mammograms, pap tests and colon cancer screenings, compared to the S CA MCA and state.

### iv. Health and Climate

The physical environment plays an important role in population health. Clean air and safe water are prerequisites for health. Poor air and/or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment (County Health Rankings). Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature

death from heart or lung disease (Air and Water Quality, 2016).

The KFH-Fontana/Ontario Medical Center Service Areas experience fewer days with high levels of particulate matter than the S CA MCA and state, but have a higher percentage of days with poor Ozone (O3) levels. Fewer residents from both Medical Center Service Areas are exposed to unsafe drinking water and there are fewer recorded Heat index days, or days with weather over 103 degrees Fahrenheit. However **the rate of emergency room visits for heat stress events is markedly larger than the state and S CA MCA rates and drought severity is approaching 100%**. The climate can also serve as a barrier to engaging in outside physical activity both in periods of high heat (especially in the high desert region) and when there is snowfall (mainly in the mountain region).

## **v. Substance Abuse and Tobacco Use**

Substance abuse, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Smoking is known to cause cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke (County Health Rankings). In the United States in 2014, 24.9% of adults 18 years and over reporting having at least one heavy drinking day (five or more drinks for men and four or more drinks for women) in the past year; and 16.8% of adults 18 years of age and over reported smoking cigarettes (National Center for Health Statistics).

While the KFH-Fontana/Ontario MCSA's fare better than the S CA MCA and state on reports of excessive alcohol consumption and alcohol expenditures, **both have higher percentages of tobacco usage and tobacco expenditures.**

## **vi. Violence and Injury Prevention**

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department (Healthy People 2020). **In California, unintentional injuries were the sixth leading cause of death** (California's Leading Causes of Death, 2013).

Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences (Healthy People 2020). Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community. Chronic stress from living in unsafe neighborhoods can negatively impact health by causing depression, anxiety and stress (County Health Rankings).

**The KFH-Fontana Medical Center Service Area fares worse than S CA MCA and state on almost all indicators related to violence and injury, including homicide mortality rates, assault, domestic violence, motor vehicle accident mortality, and pedestrian accident mortality.** Though the KFH-Ontario Medical Center Service Area fares worse than benchmarks for most indicators related to violence and injury, it has lower homicide and suicide mortality rates than the S CA MCA and state.



ii. *Prioritized list of health needs*

KFH-Fontana MCSA	KFH-Ontario MCSA
<ol style="list-style-type: none"> <li>1. <b>Economic Security</b></li> <li>2. <b>Mental Health</b></li> <li>3. <b>Access to Care</b></li> <li>4. Violence and Injury Prevention</li> <li>5. Obesity/HEAL/Diabetes</li> <li>6. HIV/AIDS/Sexually Transmitted Infections</li> <li>7. Substance Abuse and Tobacco Use</li> <li>8. Oral Health</li> <li>9. Maternal and Infant Health</li> <li>10.**Asthma Cancers Cardiovascular Disease and Stroke Health and Climate</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Economic Security</b></li> <li>2. <b>Mental Health</b></li> <li>3. <b>Access to Care</b></li> <li>4. Obesity/HEAL/Diabetes</li> <li>5. Substance Abuse and Tobacco Use</li> <li>6. *Health and Climate Oral Health</li> <li>8.**Cardiovascular Disease and Stroke HIV/AIDS/Sexually Transmitted Infections Violence and Injury Prevention Maternal and Infant Health</li> <li>12.*Asthma Cancer</li> </ol>
<p>*Two-way tie; **Four-way tie</p> <p><b>Health needs in bold are ranked similarly for both KFH Fontana/Ontario MCSAs</b></p>	

While all health needs are shared in common by both the KFH Fontana and Ontario MCSA's the relative priority ranking of health needs differs after the top three needs. Economic security, mental health and access to care were ranked exactly the same in terms of priority, which is likely indicative of county-level needs. Notable differences include Substance Abuse and Tobacco Use (rated higher priority in KFH Ontario MCSA compared to KFH Fontana MCSA) and Violence and Injury Prevention, which was ranked of higher importance in KFH Fontana MCSA compared to KFH Ontario MCSA.

A combined list of health needs was created by averaging the ranks for each health need from the KFH-Fontana and KFH-Ontario MCSAs. The combined list of prioritized health needs appears below. Note that economic security, mental health, and access to care remain the three highest ranked needs as they were shared among the two MCSAs.

## Combined Health Needs for KFH-Fontana/Ontario MCSA

1. Economic Security
2. Mental Health
3. Access to Care
4. Obesity/HEAL/Diabetes
5. Violence and Injury Prevention\*
- Substance Abuse and Tobacco Use\*
7. HIV/AIDS/Sexually Transmitted Infections\*
- Oral Health\*
9. Health and Climate
10. Maternal and Infant Health
11. Cardiovascular Disease/Stroke
12. Asthma\*
- Cancers\*

\*Two-way tie

### D. Community assets, capacities and resources potentially available to respond to the identified health needs

The Medical Center Service Area for KFH-Fontana/Ontario contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations who are deeply engaged in addressing many of the health needs identified by this assessment. During primary data collection and prioritization community stakeholders were asked to identify specific community assets, capacities, and resources. Key community assets, capacities, and resources that were identified for all of the health needs are listed below in alphabetical order.

- |   |   |
|---|---|
| + AIDS Healthcare Foundation            | + El Sol Neighborhood Education Centers |
| + American Lung Association             | + Family Resource Centers               |
| + Breathmobile                          | + Fonzell Center                        |
| + Cal Fresh/SNAP                        | + Foothill AIDS Project                 |
| + California Dental Association         | + Healthy Cities and Communities        |
| Foundation                              | + HEAP Utility Assistance               |
| + California State University, San      | + Hearts and Lives                      |
| Bernardino                              | + Hope Through Housing Foundation       |
| + Catholic Charities                    | + Housing Authority                     |
| + Cedar House                           | + Inland Communities Recovery Center    |
| + Center for Oral Health                | + Inland Empire Community Collaborative |
| + Community Vital Signs                 | (IECC)                                  |
| + County Superintendent of Schools,     | + Inland Empire Economic Partnership    |
| African American Task Force             | + Inland Empire Health Plan (IEHP)      |
| + Department of Behavioral Health (DBH) | + Inland Empire Perinatal Mental Health |
| + Department of Public Social Services  | Collaborative                           |
| + Diocese of San Bernardino             | + Inland Temporary Housing              |

- + Inland Valley Recovery Services
- + Kaiser Permanente Behavioral Health
- + Kids Come First
- + Loma Linda Behavioral Center
- + Loma Linda University Dental School
- + Lutheran Social Services
- + Mercy House
- + Mission City Community Clinics
- + Molina Healthcare Behavioral Health
- + Montclair Community Collaborative
- + National Alliance on Mental Illness (NAMI)
- + Ontario/Montclair School District
- + Oral Health Action Coalition-Inland Empire
- + Partners for Better Health
- + Partnership for Healthy Moms and Babies (PHMB)
- + Reach Out
- + Redlands Behavioral Medical Center
- + RIM Community Resource Network
- + RIM Family Services
- + S.H.O.C.K.(Self-discipline, Honor, Obedience, Character, Knowledge)
- + Safe Routes to School
- + San Antonio Community Hospital Dental Program
- + San Bernardino County Department of Public Health
- + San Bernardino County Needle Exchange Program
- + San Bernardino County Sheriff
- + San Bernardino Valley College
- + Social Action Community Health
- + Transitional Assistance Department
- + Time for Change Resource Center
- + Tobacco Use Reduction Now Program (TURN)
- + Tri-County Dental Society
- + United Way 211
- + University of California, Riverside School of Medicine
- + Victor Community Support Services
- + Victor Valley Hospital
- + Women, Infants, and Children (WIC)
- + YMCA

Community assets, capacities, and resources that are available to respond to each community identified health need are described in detail in the health need profiles in Appendix C.

## VII. KFH-Fontana/Ontario 2013 Implementation Strategy Evaluation of Impact

### A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-Fontana/Ontario 2013 Implementation Strategy (IS) report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Fontana/Ontario Implementation Strategy report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit <https://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Fontana.pdf>; <https://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Ontario.pdf>. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-Fontana/Ontario in the 2013 Implementation strategy report.

1. Chronic Conditions
2. Economic Instability
3. Health Care Access & Utilization
4. Mental Health
5. Broader Health Care System Needs in Our Communities - Research and Workforce

KFH-Fontana/Ontario is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Fontana tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH-Fontana/Ontario had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Fontana/Ontario will continue to monitor impact for strategies implemented in 2016.

### B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grant making, in-kind resources, collaborations and partnerships, as

well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:
  - **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
  - **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
  - **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
  - **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
  - **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.
- **Grant-making:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities that examines social determinants of health and/or addresses the elimination of health disparities and inequities.

From 2014-2015, KFH-Fontana had 83 grant payments amounting to a total of \$1,045,500 in service of 2013 health needs. Additionally, KFH-Fontana has funded significant contributions to a donor advised fund (DAF), managed by the California Community Foundation, in the interest of funding effective long-term, strategic community benefit initiatives. During 2014-2015, a portion of money managed by this foundation was used to support 41 grant payments totaling \$5,214,839 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.

From 2014-2015, KFH-Ontario had 39 grant payments amounting to a total of \$432,000 in service of 2013 health needs. Additionally, KFH-Ontario has funded significant contributions to a donor advised fund (DAF), managed by the California Community Foundation, in the interest of funding effective long-term, strategic community benefit initiatives. During 2014-2015, a portion of money managed by this foundation was used to support 35 grant payments totaling \$4,412,956 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.

- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-Fontana/Ontario donated several in-kind resources in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.
- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-Fontana/Ontario engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

## C. 2013 Implementation Strategy Evaluation of Impact by Health Need KFH-Fontana

This section of the CHNA report includes the Implementation Strategy (IS) Evaluation of impact. The IS Evaluation for KFH-Fontana appears first, followed by the IS Evaluation for KFH-Ontario.

### *KFH-Fontana Priority Health Need: Chronic Conditions*

#### Long-term Goal

- Reduce Obesity / Overweight among general population but especially among Native American, Latino, and African American adults and children.

#### Intermediate Goals

- Increase healthy eating among Native American, Latino, and African American adults and children.  
 - Increase active living among Native American, Latino, and African American adults and children.  
 - Improve capacity (service infrastructure) of community clinics to more effectively manage adult and child weight.

#### *Chronic Conditions Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 19 KFH grant payments, totaling \$208,500, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to pay **19 grants, totaling \$2,222,339<sup>1</sup>**; DAF grants are denoted by asterisks (\*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

<sup>1</sup> These grants primarily supported projects that addressed obesity and overweight prevention.



Grantee	Grant Amount	Project Description	Results to Date
California Food Policy Advocates	\$212,500*	The Improving Nutrition Program Participation and Quality in Southern California project works to ensure that eligible people in need of nutritional support programs have access to CalFresh and Child Nutrition Programs such as federally subsidized school breakfast and lunch programs and child care nutrition.	To date, the California Food Policy Advocates has increased school breakfast participation, increased the number of public school students in Medi-Cal households who are enrolled in free school meal programs, and increased CalFresh enrollment. The grant has built awareness, evidence, and support for child care nutrition policies.
California Center for Public Health Advocacy	\$125,000*	The Healthy Eating Active Living (HEAL) Cities Campaign is a partnership between the California Center for Public Health Advocacy and the League of California Cities that trains and provides technical assistance to elected city officials throughout California, helping them to establish local policies promoting healthy eating and physical activity.	Over 2014 and 2015, the California Center for Public Health Advocacy and the League of California Cities has collaborated with 10 targeted HEAL Cities to create implementation plans for at least 10 HEAL policies, supported the adoption of at least 40 HEAL policies by training city officials, residents and non-profit organizations and disseminated a Complete Parks Playbook to at least 172 HEAL Cities. The effort has resulted in workshops and technical assistance sessions for at least 30 city leaders and the identification of 10 HEAL Cities champions to work on local sugary beverage warning label policies and provide technical assistance to them.
City of San Bernardino Parks, Recreation and Community Services Department	\$27,000*	The Operation Splash program provides swim lessons, swim passes, junior lifeguard training, and a healthy beverage campaign for low-income youth and families.	The City of San Bernardino has partnered in the Operation Splash program since 2010. Since the program started, it has increased the number of youth participants year by year. In 2014 and 2015, it provided approximately 234 families with swimming passes (1, 344 individuals); 196 swim lessons and 62 junior guard trainings on an annual basis. This program has improved the lifeguard program and has supported employment opportunities

Grantee	Grant Amount	Project Description	Results to Date
			for participants within the City of San Bernardino. As part of Operation Splash, the Rethink Your Drink Campaign was also implemented at four swimming pool locations in San Bernardino.
Fontana Unified School District	\$78,050*	This Thriving Schools project aims to a) revise, implement and monitor district wellness policy, b) promote healthy eating through various strategies, c) offer more opportunities for students to be physical active, and d) implement a staff wellness program.	Over 2014 and 2015, the school district has revised their wellness policy and is continuing to plan and implement their strategies around healthy eating and physical activity. This project is being implemented in one (1) Elementary Schools, one (1) Middle School, and one (1) High School and will reach 4,398 students.
Adelanto Elementary School District 20643852	\$10,000	Adelanto Elementary School District aims to provide the community with the opportunity to safely engage in physical activity through a community pool in the High Desert. The community pool is a place of recreation, physical activity and enjoyment as well as a place to learn water safety.	In the summer of 2015, 890 children/youth participated in open community swimming serving as a physical activity. In addition, 82 swim lessons were provided for water safety and to reduce drowning. Promotion of the swimming lessons program reached over 8,300 students, raising awareness of the availability of water safety lessons and exercise.
City of Fontana	\$18,000	Farm Fresh for Fontana Families aims to increase accessibility and affordability for low-income families in Fontana to purchase fresh produce at the Fontana Farmers' Market by providing monthly vouchers and nutrition workshops. These efforts are part of the Healthy Fontana Program.	In 2015, a total of 53 Fontana residents and families completed "Farm Fresh for Fontana Families" program. Families attend nutrition workshops and are eligible to receive Farmers' Market double bucks coupons at the Farmers' Market to increase their purchasing power for fruits and vegetables.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
City of Rialto 20643759	\$10,000	To provide seniors with nutrition classes, boot camp, and tennis classes for eight weeks to enhance healthy eating active living	In 2015, a total of 185 seniors participated in nutrition classes related to diabetes management and heart health. Seniors are eating healthy and preparing healthy meals daily and visiting the Certified Farmer Markets on Wednesday. Seniors were introduced to strength and conditioning training to understand and increase the level of flexibility and movement.
Joseph's Storehouse Food Bank Resource Center 20643786	\$13,000	To provide nutritionally balanced and high protein, low carbohydrate food boxes and resources to low-income, diabetes and/or HIV diagnosed patients treated by health partner, New Hope Free Clinic, in conjunction with in-home health care.	In 2015, 500 diabetic modified food boxes and 100 HIV/AIDS specific food boxes were delivered to patient homes, also received education, disease monitoring, and case management in home by a nurse. HIV/AIDS positive patients benefit by receiving high amounts of protein products and liquid nutritional supplements which results in more efficacious uptake of auto immune deficiency medications.
Well of Healing Mobile Medical Clinic	\$15,000	Well of Healing Mobile Medical Clinic aims to screen, treat, manage hypertension, hyperlipidemia, diabetes and obesity by providing point of care testing, diagnostic laboratory testing, medication, and education.	In 2014, 352 unique patients were served and there was a total of 982 visits. Based on patient chart encounters, the blood pressure control rate among 40 patients was 77%. Clients served were from the Fontana, Muscoy, and San Bernardino Saturday mobile clinic sites.
City of Victorville	\$10,000	To set-up five new multi-function fitness stations, with signage and graphic tutorials for full-body workout at Doris Davies Public Park in the High Desert.	In 2014, public fitness stations were installed for use by the broad public in the park with a reach of 20, 000 low-income residents, creating physical activity opportunities in the High Desert.

Grantee	Grant Amount	Project Description	Results to Date
Fontana Unified School District	\$10,000	To install salad bars at elementary schools to increase healthy food choices.	In 2014, the district installed salad bars at five elementary schools increasing consumption of fruits and vegetables among 4,000 students, approximately 800 per school.

*Chronic Conditions  
Collaboration/Partnership Highlights*

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Partner with the Healthy High Desert Collaboration, includes various city partners focused on addressing obesity in the High Desert (City of Victorville, City of Apple Valley, City of Adelanto, City of Hesperia).	Partner with the Healthy High Desert Collaboration, includes various city partners focused on addressing obesity in the High Desert (City of Victorville, City of Apple Valley, City of Adelanto, City of Hesperia).	Partner with the Healthy High Desert Collaboration, includes various city partners focused on addressing obesity in the High Desert (City of Victorville, City of Apple Valley, City of Adelanto, City of Hesperia). Kaiser Permanente Public Affairs/ Community Benefit Lead participated in the Healthy High Desert Initiative and assisted in the planning, coordination, and implementation of the 2nd Annual High Desert Health Summit focused on Healthy Eating in the High Desert. Kaiser Permanente provided a registered dietician to be the keynote speaker to address "Food is Medicine: Avoiding the Standard American Diet." Kaiser Permanente also served as the emcee of the event.

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Healthy High Desert	Healthy High Desert is a collaborative of partner cities (Adelanto, Apple Valley, Hesperia, Victorville) focused on addressing obesity in the High Desert	In 2015, KFH-Fontana Public Affairs and Community Benefit staff participated in leading the collaborative, including planning, coordinating, and implementing the third annual High Desert Health Summit. The Summit focused on healthy eating and reached 100 community stakeholders. The Kaiser Permanente High Desert Medical Office Physician In Charge and Department Administrator attended to accept a partnership award.
Healthy Communities	Twenty-one Healthy City partners meet quarterly and are led by the San Bernardino County Department of Public Health for cross-sharing of best practices and opportunities to collaborate and align to the San Bernardino County Community Transformation Plan for changes.	In 2014 and 2015, KFH-Fontana Community Benefit staff participated in quarterly collaborative meetings.
<i>Chronic Conditions In-Kind Resources Highlights</i>		

Recipient	Description of Contribution and Purpose/Goals
School Districts in San Bernardino County	Kaiser Permanente Educational Theatre (ET) staff expertise and time was provided in 2015 to coordinate and deliver the ET Healthy Eating Active Living Program at two school districts with two performances. In addition, 28 workshops reached a total of 1,279 students and 387 adults/caregivers.
San Bernardino City Unified School District (SBCUSD)	In 2015, expert consultation, training, and technical assistance were provided to 21 schools engaged in strategy development to enhance/improve their schools healthy eating, active living environment for students, teachers, and staff. In addition, professional development training was provided to the District Nutrition Services Department to enable them to

Recipient	Description of Contribution and Purpose/Goals
	meet federally required hours of professional development for food service staff. Engagement with district schools started in 2014 with participation in the Alliance for Healthier Generation Summit, aimed to 1. Build excitement/ buy-in for wellness effort in schools; 2. Engage the entire school community with ideas for Employee Wellness; 3. Network with schools who are creating healthier school environments across the Inland Empire.
Bloomington Community Health Center (BCHC) (Community Health Systems)	In 2014, Kaiser Permanente, Southern California Permanente Medical Groups (SCPMG), Dr. Edward Hess, Director of Case Management Education, Diabetes Clinic/Endocrinology at KFH-Fontana, conducted a diabetes provider training in April to clinic providers. To enhance its capacity to care for diabetic patients, BCHC also received health education materials, a diabetes living well curriculum, and diabetes clinical practice guidelines.
Community Clinic Association of San Bernardino County (CCASBC)	Partnered with community hospital stakeholders, led by the Southern California Hospital Association, to strategically focus on cardiovascular disease and planned to address it with various approaches throughout San Bernardino County. CCASBC surveyed community clinics in July 2014 to collect data on treatment protocols and the activities clinics are currently doing to assess status and readiness. KFH-Fontana shared SCPMG's clinical practice guidelines for hypertension with CCASBC as a resource for its members to adapt. In addition, a physician was available to explain the guidelines and provide technical assistance on adapting to clinic settings.
Al Shifa Free Clinic	In 2015, two SCPMG Physicians provided onsite expertise and training in the development of the wellness and weight management program and patient survey. KFH-Fontana Public Affairs/Community Benefit staff provided hours of project management to guide development of the work plan for the program. Support from Kaiser Permanente was provided over a period of 5 months and a total of 20 hours of volunteer time was provided for content development. SCPMG Adult Weight Management Guidelines were also provided to support the management needs of patients.
Assistance League of Redlands Dental Center, Bear Valley Unified School District, H Street Clinic, Mary's Mercy Center, Inc., Rural Community Clinic, New	KFH-Fontana developed a Drink Water, Not Sugar DVD as a public service education to encourage children to drink water rather than high-sugar drinks. Each segment features a different high-sugar drink: soda, juice, energy



Recipient	Description of Contribution and Purpose/Goals
Hope Clinic, Rialto Unified School District Social Action Community Health System, Victor Valley Dent	drinks, sports drinks, and one extolling the benefits of drinking water. Appeals to a grade school and pre-teen audience. KFH-Fontana provided nine agencies and schools with 19 DVDs. In one case, the DVD was sent to 11 school nurses who then shared them with Rialto teachers, one of whom showed it to 32 students, reporting that after viewing the DVD, students constantly asked, "Is this good to drink?"

*Impact of Regional Initiatives Addressing: Chronic Conditions*

Chronic Conditions. In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

**Operation Splash** programs reach out to undeserved youth and provide them with opportunities to receive aquatic skill acquisition and water safety instruction through City Parks and Recreation swimming pools. The swim lessons enable greater access to physical activity for youth. Almost all centers provide opportunities for learning about healthy beverage education through Healthy Beverage campaigns that educate about the nutritional content of soda and other sugary drinks, and encourage youth to choose healthier beverages such as water. Kaiser Permanente has supported Operation Splash for its Southern California KFH since 2008. See above for specific program in the KFH service area.

KFH-Fontana Priority Health Need: Economic Instability

Long-term Goal

- Reduce barriers (lack education attainment, poverty, basic needs, un/der-employment, and homelessness) to economic stability.

Intermediate Goals

- Improve food security.
- Improve education opportunities.
- Improve employment opportunities.
- Improve housing opportunities.

*Economic Instability  
Grant-Making Highlights*

**Grant-Making Snapshot**

During 2014-2015, there were 29 KFH grant payments, totaling \$377,500, addressing the priority health need in the KFH-Fontana service area. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. Grants supporting economic security may include grants that address workforce (see section below under Healthcare Needs).

Grantee	Grant Amount	Project Description	Results to Date
Time for Change Foundation	\$25,000	The WISH program incorporates tenant-based rental assistance, case management, financial education and life skills development to assist individuals and families living in precarious housing conditions to avoid homelessness.	In 2015, to date 21 adults and 35 received housing stabilization services through the WISH program. Weekly and semimonthly case management sessions were provided along with transportation assistance and resource coordination. All clients attended the life skills sessions and the financial education workshops. Approximately, 90% of clients responded well and accomplished all of their short term goals to maintain stable housing; the remaining 10% need more intensive substance abuse counseling and Case Managers continue to work with them on instability issues.

St. John of God Health Care Services	\$20,000	This health care services program provides bags of food to low income families and the homeless. Services include housing stability case management, support for finding housing or maintaining housing, along with GED courses.	In 2015, a total of 750 people received bags of food to prevent hunger; 300 individuals received housing stabilization assistance (85% of those served have been given temporary housing assistance and 15% have been given rental assistance to prevent them from becoming homeless); a total of eight people have begun working towards their GED.
Community Action Partnership of San Bernardino County	\$25,000	The Partnership provides produce to congregate feeding sites monthly throughout San Bernardino County to enable soup kitchens to serve healthier meals including increasing consumption of fruits and vegetables.	In 2015, the Food Bank provided produce to 33 congregate feeding sites that served an average of 75,000 meals and 59,129 unduplicated individuals every month.
Child Advocates of San Bernardino County	\$15,000	To recruit, screen, train, and supervise 80 volunteer mentors/advocates to effectively advocate for the educational needs of child welfare/juvenile justice youth who are at an increased risk of poor education outcomes and long-term economic instability.	In 2015, to date CASA has successfully recruited, screened and trained approximately 42 new volunteers who have been appointed to serve 39 youth. Almost 90% of youth are on track toward grade promotion due to the advocacy, mentoring and support services provided by volunteer advocates. Those that are academically behind are currently receiving additional resources and academic support. Overall CASA has been able to reach over 500 volunteers and has served a total of 327 youth.
Inland Congregations United for Change Sponsoring Committee Inc. (ICUC)	\$17,500	ICUC leads the P-16 Partnership for Education, which aims to increase college readiness by engaging and educating parent/student leaders from San Bernardino City Unified School District (SBCUSD) schools to strategically advocate for and support a variety of school enhancements and reforms.	In 2014, the P-16 partnership trained 800 parents and 300 student leaders to impact the education of 7,000 students 5 to 18 years, including many English language learners (ELLs) from the San Bernardino City Unified School District and held convening's with district administrators and leaders to teach them about the challenges/ opportunities ELLs face.

Rescue Mission Alliance DBA Victor Valley Rescue Mission	\$10,000	Victor Valley Rescue Mission provides shelter through the Winter Warming Program including food/basic necessities to the poor and homeless in the Victor Valley region of the High Desert.	In 2014, the Winter Warming Shelter was opened and supported for 21 days and provided shelter to 516 people. Additionally, 138 people were linked to services by referring them to the Homeless Outreach Proactive Enforcement Team.
Asian-American Educational & Cultural Resources Center, Inc. (AARC)	\$10,000	AARC's comprehensive Healthy Seniors Program promotes chronic disease prevention and nutrition services with healthy congregate meals, free health screenings, education classes, and case management/referrals.	In 2014, served over 1,710 meals to over 265 unduplicated clients. Through health screenings, 16% seniors were identified with diabetes, 63% identified with high cholesterol, and 83% identified with hypertension; 32% of seniors were identified with 2 or more chronic conditions. Workshops included chronic disease prevention classes, focusing on disease prevention, high-risk factors, and possible complications. All participants received case management, either medical referrals or linkage assistance to various community resources. About 82% of seniors reported they have been eating healthier.

*Economic Instability  
Collaboration/Partnership Highlights*

<b>Organization/Collaborative Name</b>	<b>Collaborative/Partnership Goal</b>	<b>Results to Date</b>
Food Policy Advisory Council	Food Policy Advisory Council was established by Community Action Partnership of San Bernardino County Food Bank to increase access to fresh produce for low-income, food-insecure residents throughout San Bernardino County.	In 2014, KFH-Fontana participated in the Food Policy Advisory Council, helped the Food Bank create a healthy vending machine policy, donated emergency food bars and back to school supplies, and provided staff volunteers to sort food at the Food Bank.

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
San Bernardino County Workforce Investment Board (WIB)	The San Bernardino County WIB has a mission to create a county where those who reside and invest can prosper and achieve wellbeing. The WIB convenes stakeholders to dialogue issues and collaborate.	In 2014, KFH-Fontana Public Affairs/Community Benefit served as a voting/approving member of the WIB programs and funding allocations committee. Their participation ensures that employment development strategies and efforts are linked to social determinants of health.
Community Vital Signs (CVS) Initiative	About 19 community organizations and agencies partnered with the San Bernardino County Department of Public Health, the lead for the Community Vital Signs (CVS) initiative, an assessment of the county's community needs.	In 2014, 32 community forums were held countywide, engaging 1,200 community members who gave input on the Community Transformation Plan. KFH-Fontana Public Affairs/Community Benefit provided expertise on the CVS Steering Committee and chaired the Communications Subcommittee.

*Economic Instability  
In-Kind Resources Highlights*

Recipient	Description of Contribution and Purpose/Goals
Apple Valley, Colton Joint Union, Fontana Unified, and Snowline Joint Unified school districts.	The Kaiser Permanente Educational Theatre's Literacy Promotion Program is for grades K-2 includes Jay and E and the ZigZag Sea. The production has student and adult workshops and focuses on healthy habits and literacy. In 2014, there were eight program performances and 12 workshops that reached 2,227 students and 163 adults across five school districts in San Bernardino County. KFH-Fontana provided direct program administration, training, and direct mentoring.
Apple Valley, Colton Joint Union, Fontana Unified, and Snowline Joint Unified school districts.	In 2015, the Kaiser Permanente Educational Theatre's Literacy Promotion Program delivered eight program performances and 12 workshops that reached 2,663 students and 142 adults across school districts in San Bernardino County. KFH-Fontana provided direct program administration, training, and direct mentoring.
Boys & Girls Club of Redlands	KFH-Fontana's Educational Theatre (ET) MPOWR, a two-week summer enrichment program for middle school students. In 2014, the program reached 30 underserved youth from San Bernardino Waterman Housing site, Highland. The program enabled students to explore health through self-

Recipient	Description of Contribution and Purpose/Goals
	expression using art, music, theatre, and movement. Kaiser Permanente staff provided resource staff time over 6 weeks of program administration/delivery, expertise, materials, and meals.
High school students	KFH-Fontana's Youth Workforce Programs provide a diverse group of underserved students with meaningful employment experiences in the health care field, introducing them to the possibility of pursuing a career in health care while enhancing their job skills and work performance. In 2014, 12 high school students participated in the Summer Youth Employment Program (SYEP), which provides supportive, meaningful paid employment experiences in health care fields. In addition to work assignments, the youth participate in educational sessions and motivational workshops.
Fontana Unified School District's Sequoia Middle School	In 2014, KFH-Fontana delivered Hippocrates Circle program to 65 middle school students. The program designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician. The program is intended to strengthen connections and help students achieve their educational goals by providing mentorship exposure and experience. KFH-Fontana physicians and staff provided staff/time resources to administer the program, provide medical center facility tour, and coordinate activities



*KFH-Fontana Priority Health Need: Health Care Access & Utilization*

**Long-term Goal**

Increase the number of people who have access to appropriate health care services among uninsured, underinsured, low income older adults, homeless and improve the overall system of care in San Bernardino County

**Intermediate Goal**

- Increase health care coverage for uninsured, underinsured, low income older adults, homeless
- Increase access to primary care.
- Increase access to dental care.
- Provide case management for medically underserved patients who are frequent users of emergency room services for non-urgent cases.
- Improve access to specialty care/ diagnostics.
- Improve service infrastructure and capacity of community clinics to more adequately serve medically uninsured or underinsured and be sustainable.
- Reduce workforce shortages.

*Health Care Access & Utilization  
KFH Administered Program Highlights*

<b>KFH Program Name</b>	<b>KFH Program Descriptions</b>	<b>Results to Date</b>
<b>Medicaid</b>	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	<ul style="list-style-type: none"> <li>• In 2014, \$19,410,759 was spent on the Medicaid program and 24,988 Medi-Cal managed care members were served</li> <li>• In 2015, \$39,244,524 was spent on the Medicaid program and 14,390 Medi-Cal managed care members were served</li> </ul>

<b>Medical Financial Assistance</b>	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	<ul style="list-style-type: none"> <li>• In 2014, \$3,811,036 was expended for 6,328 MFA recipients</li> <li>• In 2015, \$4,215,262 was expended for 5,235 MFA recipients</li> </ul>
<b>Charitable Health Coverage</b>	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	<ul style="list-style-type: none"> <li>• In 2014, \$608,004 was spent on the CHC program and 875 individuals received CHC</li> <li>• In 2015, \$522,351 was spent on the CHC program and 941 individuals received CHC</li> </ul>

*Health Care Access & Utilization  
Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 18 KFH grant payments, totaling \$268,000, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of the money managed by a donor advised fund (DAF)<sup>1</sup>, the California Community Foundation, was used to pay 17 grants, totaling \$1,742,500; DAF grants are denoted by asterisks (\*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
Mary's Mercy Center	\$10,000	Provide basic dental care to single mothers and their young children who live in a San Bernardino homeless shelter and cannot afford health care.	In 2014, the mobile dental units, provide onsite, basic dental services to 170 homeless individuals and families on a quarterly basis.
Mountains Community Hospital Foundation	\$11,000	This rural health clinic provides dental services to low-income people in Crestline, Twin Peaks, Rim Forest, Lake Arrowhead, Sky Forest, Running Springs, and Green Valley Lake.	In 2014, access was expanded by providing dental services to 300 low-income from the Mountain Area by adding another dental chair.

Community Clinic Association of San Bernardino County (CCASBC)	\$115,000*	To develop the CCASBC's infrastructure to best serve its member clinics, patients, and the communities it serves.	In 2014, the CCASBC provided education to clinic staff and served as a resource on topics such as the Affordable Care Act; using certified EHR (electronic health record) technology to improve quality, safety, efficiency, reduce health disparities; and patient centered medical home. The CCASBC also explored relevant successful operational elements focused on improving clinic operations and improving health outcomes from the California Primary Care Association and other consortia.
Community Partners	\$512,500*	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.
Community Health Systems Inc.	\$19,000	To increase awareness of the negative effects of sugar-sweetened beverages on oral health for children ages 6 to 15 through education and direct dental services.	In 2015, the program was implemented at the Bloomington Community Health Center site and provided dental services and extended oral hygiene education to 316 children aged 6 to 15.
SAC Health System	\$15,000	To provide much needed treatment, costly lab tests, prescriptions, family resources for patients lacking the funding for required treatment/services/tests to low-income, uninsured individuals who do not qualify for any other program.	In 2015, approximately 142 low income and uninsured individuals received assistance with treatment, prescriptions, labs, x –rays, etc. This included especially hard-to-reach populations such as adolescents and individuals who are HIV positive.
Insure the Uninsured Project	\$75,000*	Insure the Uninsured Project (ITUP) focuses on educating consumers and stakeholders on health reform as well as Outreach, Enrollment, Retention and Utilization (OERU) strategies for the uninsured.	In 2015, ITUP began to convene its State wide and regional workgroups to build consensus and engage local leaders to focus on region specific issues that will address the health outcomes of the newly insured and disseminate its non-partisan reports on State wide and local issues. Annually, ITUP will host at least 18 meetings— six State wide issue workgroups, ten regional

			workgroups, two Los Angeles Health Collaborative meetings, and legislative briefings—as well as produce twenty-five research reports on coverage efforts for the uninsured, health reform implementation strategies, and findings from State wide and regional workgroups, annually.
Center for Oral Health	\$50,000*	The Center for Oral Health's (COH) mission is to improve oral health, especially for vulnerable populations. COH received support for the Oral Health Action Coalition of the Inland Empire (OHAC-IE). The incidence, prevalence, and morbidity rate due to oral diseases disproportionately affects the region. This coalition supports access to oral health and improving health outcomes for the residents of the Inland Empire.	OHACIE is a coalition compromised of over 40 stakeholders from the Inland Empire region, including community clinics and health centers, schools of dentistry, and dental advocates and associations. Together, they mobilized and organized local resources to increase access to oral health and improve health outcomes for the residents through a focus on system change. In 2015, the coalition developed the OHAC-IE logic model, charter, and taskforce subcommittees to guide strategic direction for the next five years. As part of these efforts, COH will conduct a secondary analysis of publicly available datasets and conduct local surveys to identify critical indicators of oral health access, safety net strengths, and infrastructure needs.

*Health Care Access & Utilization  
Collaboration/Partnership Highlights*

<b>Organization/Collaborative Name</b>	<b>Collaborative/Partnership Goal</b>	<b>Results to Date</b>
Oral Health Action Coalition Inland Empire (OHAC IE)	This partnership convened local dental service providers, dental advocates, and associations to engage in dialogue about dental care coordination, cross referral, and brainstorming strategies to impact the Oral Health Safety Net.	KFH-Fontana's Community Benefit lead provided project management, logistics, and space for three convenings, where attendees discussed dental best practices, existing assets and resources, a vision for an organizing group to lead further action, and an overarching desire to impact the oral health status of vulnerable populations in the Inland Empire. In

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		2014, the coalition developed mission and vision statements, and decided to form the Inland Empire Oral Health Coalition and engage stakeholders from San Bernardino and Riverside counties.
Oral Health Action Coalition Inland Empire (OHAC IE)	Oral Health Action Coalition Inland Empire convenes local dental service providers, dental advocates, and associations to engage in dialogue about care coordination, cross referral, and discuss the optimal impact in dental health.	In 2015, coalition members developed a five-year logic model, identified four subcommittees—Advocacy, Direct Services, Public Awareness/Communications, and Data, Surveillance, and Evaluation. KFH-Fontana Public Affairs and Community Benefit staff served as the coalition co-chair and project manager, directly supporting development of the coalition logic model, charter, minutes, and more.
San Bernardino County Sheriff's Department -Homeless Outreach Proactive Enforcement, 2-1-1 San Bernardino County, Clinic Association of San Bernardino County	Staff from KFH-Fontana's Social Services Department have engaged in assessment and brainstorming with stakeholders who serve the homeless community working with the homeless population to respond to their various needs.	In 2014, KFH-Fontana's Public Affairs and Community Benefit leads assessed the social and non-medical needs associated with homeless people, and emergency department utilization. They also joined with organizations that serve the homeless to explore opportunities to work collaboratively. This resulted in a convening of nonprofit community hospitals to dialogue about better support for and connections to San Bernardino County's homeless population, including how health care providers can partner.
Public safety, nonprofits and health agencies in the KFH-Fontana service area	KFH-Fontana Public Affairs and Community Benefit staff and Social Services departments collaborated to host, convene,	In 2015, KFH-Fontana Public Affairs and Community Benefit partnered with the San Bernardino County Sheriff's Department -

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	and facilitate three Hospital and Homeless Service Provider meetings. By engaging in assessment and brainstorming with diverse stakeholders, teams explored opportunities to respond to the homeless population's diverse medical and non-medical needs.	Homeless Outreach Proactive Enforcement, 2-1-1 San Bernardino County, Office of Homeless Services, hospitals, homeless service providers, San Bernardino County, and Department of Behavioral Health, Alcohol & Drugs. The Nonprofit Hospital Peer Network was developed to enhance homeless placements in community settings to convene peer-to-peer.
Community Clinic Association of San Bernardino County (CCASBC)	KFH-Fontana, a catalyst in the initial formation of CCASBC in 2009, is now an affiliate member. Other members include 19 safety net clinic systems that represent 45 clinic sites across San Bernardino County.	As an affiliate member, in 2014 KFH-Fontana participated in CCASBC educational sessions and board meetings, providing support for ongoing safety net clinic joint projects and communications, while strengthening its relationships with the various community clinic members, resulting in deeper partnerships and sharing of clinical resources.
Al-Shifa Clinic, H Street Clinic, Kids Come First Community Health Center, Well of Healing Mobile Medical Clinic	Through KFH-Fontana's Physician Engagement Program, Internal Medicine and Family Medicine physicians volunteer once a month at a local community clinic providing primary care services and allowing the clinic to increase access	In 2014, seventeen KFH-Fontana Family Medicine and Internal Medicine physicians provided 365 volunteer hours of direct primary care services to community clinic clients. From 2010-2014, the physicians volunteered a total of 1,801 hours and treated approximately 3,600 uninsured, underinsured, working poor, and homeless patients.
Al-Shifa Clinic, H Street Clinic, Bloomington Community Health Center	To address the shortage of specialty services in San Bernardino County, KFH-Fontana specialist physicians volunteer once a month at a local community clinic. Through the Physician Engagement Program, they provide various specialty care services (psychiatry, ophthalmology, etc.) to uninsured, underinsured, working	In 2014, eleven KFH-Fontana specialist and surgeon physicians amassed 210 volunteer hours directly providing specialty care services. Their efforts align with, and are part of, Community Clinic Association of San Bernardino County's Specialty Care initiative, which aims to address specialty care gaps and needs. In addition, KFH-Fontana physicians

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	poor, and homeless clients.	and staff also sit on the access, quality, and capacity building sub-committees.
Al Shifa Free Clinic, Well of Healing Mobile Medical Clinic, Kids Come First	KFH-Fontana physicians volunteered during Educational Time and provided medical expertise once a month to screen, provide consultations, and treat community clinic patients. This collaboration allows physicians to support provision of primary care at community clinics.	This collaboration allows physicians to support provision of primary care at community clinics. In 2015, 25 physicians provided 1,527 medical volunteer hours resulting in 1,200 primary care and 130 specialty care patient encounters for low income uninsured individuals.
Fontana Unified School District	KFH-Fontana medical residents and a community medicine fellow provided medical expertise and volunteer time to see students at school based comprehensive health clinics.	In 2015, the total number of volunteer hours was 672 (56 hours monthly). This collaboration assists in helping students/families find a medical home.

*Health Care Access & Utilization  
In-Kind Resources Highlights*

Recipient	Description of Contribution and Purpose/Goals
Baker Valley, Banning, Lucerne Valley, San Bernardino City, and Yucaipa-Calimesa Joint unified school districts	What Goes Around, Educational Theatre's STI prevention program for grades 9 to 12, provides HIV, AIDS, and STI (sexually transmitted infections) information and looks at the lasting impact one person's health choice can have on others. The program focuses on abstinence as an option and the importance of testing and prevention. In 2014 in the KFH-Fontana area, performances were given at seven high schools for 3,425 students and 125 adults, and the ET actor-educators facilitated a question and answer session after each performance.
Community clinics and universities in the KFH-Fontana service area	In 2015, KFH-Fontana coordinated and held the Saturday Community Surgery Day including recruitment of volunteer Kaiser Permanente professionals including surgeon, anesthesiologist, nursing, and other ancillary medical volunteer staff time and expertise. KFH-Fontana's Ontario-Vineyard Ambulatory Surgery Center provided operating space, supplies, and other ancillary costs for a total of 22 cataract and hernia surgeries for low income uninsured individual that do not qualify for any other insurance programs, making it the 9th Community Surgery Day. The service area partnered with: H Street Clinic, Pomona Community Health Center, SAC Health Systems, Bloomington Community Health Center, and Western University of Health Sciences (Eye Care



Recipient	Description of Contribution and Purpose/Goals
H Street Clinic, Inland Behavioral and Health Services, Pomona Community Health Center, SAC Health Systems, Bloomington Community Health Center	Center)  KFH-Fontana physicians and staff partner with five community clinics to offer Community Saturday Surgery Day to low-income uninsured clinic clients who are referred into the program and receive surgeries at no cost. In 2014, KFH-Fontana hosted the 7th Community Surgery Day: seven surgeries, including cataract, hernia repair, and knee arthroscopy, were performed.  Since 2010, about over 100 individuals have volunteered their time and expertise. KFH-Fontana's Ontario- Vineyard Ambulatory Surgery Center provides operating space and covers supplies, surgeons, anesthesiologist, nurses and other ancillary costs.
Impact of Regional Initiatives Addressing Health Care Access & Utilization	

In addition to the illustrated grants, collaborations/partnerships, etc. listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's Specialty Care Initiative aims to increase access to healthcare services for the underserved through the development and enhancement of specialty care access. In order to achieve this goal, Kaiser Permanente funded technical assistance through Community Partners to implement a coalition approach, where various partners collaborated to develop and implement strategies tailored to their communities in Southern California. These strategies focused on instituting and enhancing referral processes, building and expanding specialty care networks, increasing primary care physicians' capacity, and utilizing care coordination in the safety net. This multi-year initiative was launched in 2007 and to date a total of over \$4,953,000 were awarded and paid to community based agencies across Southern California to support specialty care access. The Community Clinic Association of San Bernardino County is the lead for Specialty Care in the KFH-Fontana service area

*KFH-Fontana Priority Health Need: Mental Health*

Long –term goal

- Reduce and prevent mental illness in vulnerable populations.

Intermediate Goal

- Decrease mental health symptoms.
- Increase emotional and behavioral stability; among adults, teens, and children.
- Improve access to mental health care.
- Improve capacity (service infrastructure) of mental health providers.

*Mental Health  
Grant-Making Highlights*

**Grant-Making Snapshot**

During 2014-2015, there were 17 KFH grant payments, totaling \$191,500, addressing the priority health need in the KFH-Fontana service area. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
California Court Appointed Special Advocate Association	\$60,000 DAF*	Provide quality training opportunities for CalCASA program staff and volunteers on topics such as case supervision, working with children and families with mental health issues or with incarcerated parents, working with children with severe emotional needs and support regarding implementation of recent laws	CalCASA will provide 200 hours of technical assistance to the eight Southern California programs focusing on case-by-case legal support, youth health promotion and prevention, program sustainability and other emerging issues. CalCASA will conduct four quality assurance site visits and support program staff in implementing recommendations and will implement a Wellness Training Series on shared learning and best practice exchange among local chapter staff, volunteers, and community partners. Potential reach is 8,300.
Victor Valley Domestic Violence, Inc.	\$10,000	To expand Mental Health Services to clients by providing training to the domestic violence shelter's staff to increase staff awareness and understanding of how to more efficiently assist	In 2015, fifteen shelter staff completed mental health training to perform basic screening/identification of mental health issues. Additionally, 71 counseling sessions were

		clients and their children with mental health issues.	provided to 33 mothers who also learned coping skills to better discipline and communicate with their children.
Family Service Agency of San Bernardino	\$10,000	To provide intensive individual or group therapeutic counseling, educational services and/or case management to uninsured/underinsured, low income families such as young parents with children 0-5, youth people between the ages of 6-17, and grandparents or caregivers.	In 2015, 37 individuals/families received 832 hours of therapeutic counseling services; 70 people received an average of 52 hours each on educational services (i.e. parenting, anger management, stress reduction, domestic violence prevention), totaling more than 3,000 hours.
Bear Valley Unified School District	\$10,000	Family Advisors provide school based supports to students and their families, include 1) class lessons to reduce bullying, promote positive peer interactions and social skills; 2) mentoring/coaching for specific students in small group sessions for behavior control, peer problems and emotion control; 3) children and families receive linkage and monitoring to needed health, mental health and social services in the isolated, rural mountain community of Big Bear Valley. Big Bear is an underserved community with no county TAD, no Workforce Dev. Dept., no Medi-Cal office and limited Public Health services.	In 2014, lessons on bullying/positive peer interactions reached 706 students (1,796 contacts); coaching/mentoring for elementary students on behavior control/ emotional outbursts reached 207 students (943 contacts); Coordinated support and linkages to external mental health and social services support reached 259 students (770 contacts). Qualitative results for high-risk students that are case managed at the three elementary schools include the following: 115 of 144 students (80%) have shown improved behavior, peer relationships and/or emotion control because of Family Advisor supports. About 30 of 40 students (75%) referred to mental health services received services and are being monitored by Family Advisor's.
Inland Caregiver Resource Center (ICRC)	\$9,000	The focus of the CUIDATE Family Caregiver Program is to prevent the onset of depression and severe depression among Hispanic/Latino family caregivers living in San Bernardino County through outreach, in-home assessments, and short-term counseling.	In 2015, ICRC has provided services to 65 Hispanic/Latino family caregivers living in San Bernardino County. Service outcomes: 35 completed intake; 13 had in-home assessment; 20 obtained respite support ; 20 attended education workshops; 15 attended a support group; and, 2 have pursued short term counseling. Of the clients that had intake, 65% showed signs of depression and 21% showed signs of severe depression.

San Bernardino County Sexual Assault Services Inc.	\$22,000	San Bernardino County Sexual Assault Services Inc. aims to provide a 24 hour crisis hotline, ER response, one on one counseling, support groups, advocacy, accompaniment, and prevention education presentations at no cost for victims.	In 2014, to date a total of 2,698 were served. A total of 178 sexual assault victims were reached, 1,994 counseling resources were provided, and 526 victims of sexual violence obtained information /resources specific to health care.
Central City Lutheran Mission	\$15,000	To provide psychotherapy for the HIV community as well as low-income individuals requiring care in San Bernardino.	In 2014, provided mental health services to 8 HIV+ residents of the Supportive Housing Program (SHP) (33 session resulting in 88% demonstrated increase in CD4+ count and reduction in viral loads; 2) provided 61 community members clients of the H Street Clinic with psychotherapy (456 session) due to depression, anxiety, marriage and relationship problems, domestic violence issues, bereavement, anger management, domestic violence, trauma and unremitting pain. Many problems were alleviated with continued therapy sessions.
Foothill AIDS Project	\$14,000	FAP's Mental Health Counseling and Substance Abuse Program provides low income People Living With HIV/AIDS who are diagnosed with mental illness and/or substance abuse access to counseling and treatment.	In 2014, a total of 136 unduplicated clients were served, and of these, 71 attended group counseling, 50 received individual counseling, 56 attended group substance abuse counseling, and 11 received individual substance abuse counseling sessions.

*Mental Health  
In-Kind Resources Highlights*

Recipient	Description of Contribution and Purpose/Goals
Fontana Unified School District; San Bernardino City Unified School District	In 2015, KFH-Fontana resource time and expertise to plan, coordinate, and deliver the Educational Theatre conflict management program for grades 3-5 includes the play, <i>Drummin' Up Peace</i> and a student workshop. Key topics include steps to managing conflict, empathy, cooperation, and communication. The program is designed to complement conflict resolution and violence prevention efforts in schools. In the KFH-Fontana service area, a total of nine ET performances were given for 1,955 students and 184 adults at two school locations.
Fontana Unified School District	Educational Theatre's (ET) conflict management program for grades 3 to5 includes the play <i>Drummin' Up Peace</i> and a student workshop. Key topics include steps to managing conflict, empathy, cooperation, and communication. The program is designed to complement conflict resolution and violence prevention efforts in schools. In the KFH-Fontana service area, five performances were given for 908 students and 32 adults at six school locations in 2014.
Fontana Unified School District; San Bernardino City Unified School District	In 2015, KFH-Fontana staff time and expertise provided in the planning, coordination, and delivery of the Educational Theatre focused on adolescent bullying awareness for grades 6-8 includes the play <i>Someone Like Me</i> , which addresses rumors and gossip as a form of bullying, the prevalence of social media as a means of bullying, and the developmentally appropriate choice of abstinence for middle school students. The program is a springboard for discussions between students and their teachers, parents, and other trusted adults. In the KFH-Fontana service area, 14 performances for 4,643 students and 163 adults were held at five schools. Each performance ended with ET actor-educators hosting one-on-one sessions with students and connecting them to school personnel, as needed.
Apple Valley Unified, Colton Joint Unified, Fontana Unified, Rialto Unified, and Victor Valley Union high school districts	Educational Theatre's (ET) adolescent bullying awareness program for grades 6 to8 includes the play <i>Someone Like Me</i> , which addresses rumors and gossip as a form of bullying, the prevalence of social media as a means of bullying, and the developmentally appropriate choice of abstinence for middle school students. The program is a springboard for discussions between students and their teachers, parents, and other trusted adults. In 2014, the KFH-Fontana service area delivered 16 performances for 5,265 students and 214 adults were held at six schools. Each performance ended with ET actor-educators hosting one-on-one sessions with students and connecting them to school personnel, as needed.

## PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

KFH Workforce Development Highlights			
<b>Long Term Goal:</b> <ul style="list-style-type: none"> <li>To address health care workforce shortages and cultural and linguistic disparities in the health care workforce</li> </ul>			
<b>Intermediate Goal:</b> <ul style="list-style-type: none"> <li>Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care</li> </ul>			
<b>Summary of Impact:</b> During 2014-2015, a portion of money managed by a donor advised fund at California Community Foundation was used to award three grants, totaling \$200,000, that address this need. An illustrative sample of grants is provided below; DAF grants are denoted by asterisks (*). All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. KFH-Fontana also provided trainings and education for 306 residents in its Graduate Medical Education program, 35 nurse practitioner or other nursing beneficiaries, and 57 other health (non-MD) beneficiaries as well as internships for 24 high school and college students (Summer Youth, INROADS, etc.).			
Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
California Institute for Nursing and Health Care (CINHC)	\$100,000*	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSU's and respective CCC's. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
Campaign for College Opportunity (CCO)	\$50,000*	This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands. This grant supports	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filling the demand. CCO has completed the report and the general release will occur in June

		an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands.	2016. The report's release will be accompanied by a media and communications strategy including a webinar, briefings with key stakeholders (in education, business, community and civic organizations) along with policymakers in Sacramento.
In-Kind Resources Highlights			
Recipient	Description of Contribution and Purpose/Goals		
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.		

## PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

KFH Research Highlights
<p><b>Long Term Goal:</b></p> <ul style="list-style-type: none"> <li>To increase awareness of the changing health needs of diverse communities</li> </ul>
<p><b>Intermediate Goal:</b></p> <ul style="list-style-type: none"> <li>Increase access to, and the availability of, relevant public health and clinical care data and research</li> </ul>
<p><b>Summary of Impact:</b> Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling \$16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to pay two grants, totaling \$1,050,000 that address this need. An illustrative grant is provided below. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.</p>



Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
UCLA Center for Health Policy Research	\$500,000*	The California Health Interview Survey (CHIS) investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	At the end of the grant period, UCLA Center for Health Policy Research interviewed approximately 41,500 households and completed 78,127 screenings along with 40,125 adult, 2,255 adolescent and 5,514 child interviews. In addition, 12 AskCHIS online trainings were completed.
In-Kind Resources Highlights			
Recipient	Description of Contribution and Purpose/Goals		
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research. In the KFH-Fontana service area, 44 research projects were active in 2014 and 58 research projects were active as of year-end 2015.		
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects. In the KFH-Fontana service area, six research projects were active as of year-end 2014 and seven research projects were active as of year-end 2015.		

## D. 2013 Implementation Strategy Evaluation of Impact by Health Need KFH-Ontario

### *KFH-Ontario Priority Health Need: Chronic Conditions*

#### Long-term Goal

- Reduce Obesity / Overweight among general population but especially among Native American, Latino and African American adults and children.

#### Intermediate Goal

- Increase healthy eating among Native American, Latino and African American adults and children.
- Increase active living among Native American, Latino and African American adults and children.
- Improve capacity (service infrastructure) of community clinics to more effectively manage adult and child weight.

#### *Chronic Conditions Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 6 KFH grant payments, totaling \$62,000, addressing the priority health need in the KFH-Ontario service area. In addition, a portion of the money managed by a donor advised fund (DAF), the California Community Foundation, was used to pay 15 grants, totaling \$1,475,456<sup>2</sup>; DAF grants are denoted by asterisks (\*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
California Food Policy Advocates	\$212,500*	The Improving Nutrition Program Participation and Quality in Southern California project works to ensure that eligible people in need of nutritional support programs have access to CalFresh and Child Nutrition Programs such as federally subsidized school breakfast and lunch programs and child care nutrition.	Over 2014 and 2015, California Food Policy Advocates has increased school breakfast participation, increased the number of public school students in Medi-Cal households who are enrolled in free school meal programs, and increased CalFresh enrollment. The grant has built awareness, evidence, and support for child care nutrition policies.
California Center for Public Health Advocacy	\$125,000*	The Healthy Eating Active Living (HEAL) Cities Campaign is a partnership between the California Center for Public Health Advocacy and the League of California Cities that trains and provides technical	Over 2014 and 2015, the California Center for Public Health Advocacy and the League of California Cities has collaborated with 10 targeted HEAL Cities to create implementation

<sup>2</sup> These grants primarily support projects addressing overweight and obesity prevention.

Grantee	Grant Amount	Project Description	Results to Date
		assistance to elected city officials throughout California, helping them to establish local policies promoting healthy eating and physical activity.	plans for at least 10 HEAL policies, supported the adoption of at least 40 HEAL policies by training city officials, residents and non-profit organizations and disseminated a Complete Parks Playbook to at least 172 HEAL Cities. The effort has resulted in workshops and technical assistance sessions for at least 30 city leaders and the identification of 10 HEAL Cities champions to work on local sugary beverage warning label policies and provide technical assistance to them.
City of Ontario	\$300,000*	This HEAL Zone site focuses on school and community strategies, such as: a) implementing the School Health Index (SHI), developing a coordinated school health plan, and implementing the salad bar lunch program in one school, c) offering more physical activity in participating schools, d) implementing a healthy vending policy for a community center, e) changing institutional practices in at least 2 faith-based locations, f) completing the Healthy Ontario Master Plan, g) creating a promotional program to conduct health education, h) creating a community garden, and i) offering more daily physical activity opportunities for community residents.	Over 2014 and 2015, the following key accomplishments were documented: a) the SHI has been institutionalized and an updated school district wellness policy has been developed, b) teachers have been trained and help to lead active recess, c) the Healthy Ontario Master Plan is completed, d) community garden was implemented and sixty-five (65) family plots have been occupied, producing agricultural products for sale at farmers markets and university partners, c) outdoor fitness equipment and healing trail at De Anza community center and Dorothy Quesada community center have been installed, f) the development of a healthy vending policy in targeted community centers, and g) twenty-six (26) Zumba classes are offered every week at each of the Health Hubs (Dorothy Quesada and De Anza parks, Kids Come First). Additionally, the collaborative has successfully applied and achieved a \$1.2 million dollar Safe Routes to School grant for the City to support future infrastructure improvements. These efforts have the

Grantee	Grant Amount	Project Description	Results to Date
			potential to reach approximately 14,000 community residents.
Community Partners	\$350,000*	Community Partners provides technical assistance and strategic support for coalition building, resident engagement, and leadership through peer-to-peer learnings, webinars, teleconferences for the HEAL Zone and HEAL Partnership grant communities.	Community Partners provided technical assistance and strategic support to ten HEAL grantees, their partners, and resident/youth leaders to apply the knowledge, skills, and competencies to successfully implement their HEAL Community Action Plan strategies in 2015.
American Diabetes Association	\$8,000	Por Tu Familia is a Spanish-language diabetes awareness, prevention, and management program for Latinos. It addresses the importance of healthy food choices and regular physical activity for diabetes care.	In 2014, education was provided to 2, 000 low-income Latino families by community lay workers.
City of Rancho Cucamonga	\$10,000	City of Rancho Cucamonga provided access to fresh, locally grown produce to residents in Southwest Cucamonga and expanded awareness and use of local farmers' markets. Families enrolled in the Bringing Health Home program attended a mandatory two hour workshop to learn about budgeting, nutrition and meal planning. After the workshop, they receive \$30 per month in Double Buck coupons to be used as a dollar-for-dollar match on fresh produce and value added products (milk, honey, eggs) at the local farmers' markets.	In 2015, sixty one families (201 household members) of Southwest Rancho Cucamonga have attended a Bringing Health Home workshop to receive Double Buck incentives for their families. To date, nearly half of expected Double Buck incentives for the year have been distributed, and the program is on track to expend them all by the end of the funding period. This grant supports the community in increasing access to healthy food choices.
OPARC	\$6,000	OPARC serves developmentally disabled adults. This grant addresses obesity and overweight issues that challenge the disabled adult community by engaging a dietician to develop menus and programs to help get OPARC participants on a path toward good nutrition and health. The program will	In 2015, OPARC worked with a nutrition specialist to change the café daily specials to improve the healthy food options for participants and staff. The daily specials are provided to 25 participants per day and have benefitted more than 350 participants and staff

Grantee	Grant Amount	Project Description	Results to Date
		serve 730 OPARC participants served across seven centers.	to date. The meals are balanced within the major food groups and they have eliminated foods that have no health benefits. There is ongoing work to purchase meals to make them healthier and train café staff in appropriate serving sizes.
Pomona Community Health Center	\$20,000	Pomona Community Health Center aims to assist patients with diabetes to improve their health outcomes (lowering/stabilizing the HgbA1C) through creation of self-management goals that address medication compliance, adoption of healthy lifestyles, diet and exercise.	In 2015, a certified diabetes educator was hired to educate and manage the diabetes self-management. To date, forty-eight individuals developed self-management goals and baseline data was collected. Three diabetes classes were provided and 12 patients attended. Patients were also seen by a nurse practitioner for medication review and management. Additionally, 166 patients were contacted for appointment scheduling or discussions over the phone about importance of healthy lifestyles.
American Heart Association, Inc.	\$8,000	Check.Change.Control, an evidence-based hypertension management program that uses community health workers to regularly record blood pressure and create personal health improvement plans with a focus on healthy eating and active living.	In 2014, 100 African American adults 18 to 64 were reached twice a month through two-hour workshops. Participants will also be enrolled in Heart360, an AHA secure online platform to document health factors.
Community Action Partnership of San Bernardino County	\$20,000*	Supports implementation of an organizational nutrition policy that improves the quality and nutritional content of foods, and provides community nutrition education classes.	In 2014, the food bank finalized the nutrition policy to help improve the food distributed to low-income families and to provide nutrition education. The policy was distributed to 33 congregate feeding sites, who receive produce from the food bank.

*Chronic Conditions*

*Collaboration/Partnership Highlights*

<b>Organization/Collaborative Name</b>	<b>Collaborative/Partnership Goal</b>	<b>Results to Date</b>
City of Ontario	KFH-Ontario partners with the city on Healthy Ontario, a HEAL (healthy eating and active living) Zone initiative to encourage people to eat better and move more focused in a defined community of 10,000 to 20,000 residents, with high rates of obesity.	In 2014, KFH-Ontario Community Benefit participated in the HEAL Zone initiative by having a KFH-Ontario presence at meetings and identifying healthy eating, active living resources that KFH-Ontario can provide to enhance the efforts. Some examples include health education material, classes, and trainings for HEAL Zone partners.
City of Ontario	KFH-Ontario partners with the city on Healthy Ontario, a HEAL (healthy eating and active living) Zone initiative to encourage people to eat better and move more focused in a defined community of 10,000 to 20,000 residents, with high rates of obesity.	In 2015, KFH-Ontario Community Benefit staff participated in the HEAL Zone initiative by having a KFH-Ontario presence at meetings and identifying healthy eating, active living resources KFH-Ontario can provide to enhance the effort, such as health education material, classes, and trainings for HEAL Zone partners. KFH-Ontario was also a thought partner.
Healthy Communities	Twenty one Healthy City partners come together quarterly lead by San Bernardino County Department of Public Health for cross sharing of best practices and opportunities to collaborate/align to the county Community Transformation Plan.	Over 2014 and 2015, KFH-Ontario participated in quarterly collaborative meetings.

*Chronic Conditions  
In-Kind Resources Highlights*

<b>Recipient</b>	<b>Description of Contribution and Purpose/Goals</b>
Community Clinic Association of San Bernardino County (CCASBC)	In 2014, Partnered with the Community Hospital Stakeholders, led by the Southern California Hospital Association, to strategically focus on cardiovascular disease and planned to address it through various approaches throughout San Bernardino County. To assess readiness and status, CCASBC surveyed community clinics in July 2014 to collect data on treatment protocols and activities clinics are currently conducting. KFH-Ontario shared SCPMG's clinical practice guidelines for hypertension with CCASBC as a resource for its members

Recipient	Description of Contribution and Purpose/Goals
	to adapt. In addition, a KFH-Ontario physician was available to explain the guidelines and provide technical assistance on adapting to clinic settings.
Various nonprofit organizations on the West End	In 2014, KFH-Ontario provides health education materials (brochures handouts, etc.) to nonprofit organizations and local governmental agencies at no cost. Sixteen agencies in the KFH-Ontario service area received about 21,000 publications (value at approximately \$6,000) that they distributed to 7,645 people via health fairs, classes, trainings, etc.
Foothill Family Shelter, Inc., Kids Come First Community Health Center, Pomona Community Health Center, San Antonio Community Hospital Dental Center, West End YMCA	In 2014, KFH-Ontario developed a DVD, <i>Drink Water, Not Sugar</i> , as a PSA-style educational segment to encourage grade school and pre-teen children to drink water instead of high-sugar drinks. Various segments feature different high-sugar drinks (soda, juice, energy drinks, sports drinks) and one extolls the benefits of drinking water. KFH-Ontario provided five organizations, schools, and clinics with the age-appropriate DVDs for children to promote drinking water and decreased sugar consumption in fun, simple ways.
Jurupa, Ontario-Montclair, and Upland unified school districts	In 2014, KFH-Ontario spent time and expertise to deliver all coordination and programming of the healthy eating, active living program for fourth and fifth graders includes the play, <i>Game On</i> , two supporting student workshops, and a workshop for adults, <i>From the Label to the Table</i> , providing 4 performances and 18 workshops for 1,394 students and 152 adults. The Kaiser Permanente's Educational Theatre healthy eating, active living program for fourth and fifth graders includes the play, <i>Game On</i> , two supporting student workshops, and a workshop for adults, <i>From the Label to the Table</i> .
Ontario-Montclair and Upland unified school	In 2015, KFH-Ontario spent time and expertise to deliver all coordination and



Recipient	Description of Contribution and Purpose/Goals
districts	programming of the healthy eating, active living program for fourth and fifth graders includes the play, Game On, two supporting student workshops, and a workshop for adults, From the Label to the Table, providing 2 performances and 28 workshops for 1,147 students and 51 adults.
<i>Impact of Regional Initiatives Addressing Chronic Conditions</i>	

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

**Kaiser Permanente's HEAL (Healthy Eating, Active Living) Zone** initiative is a place-based approach that aims to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables and healthy beverages, as well as increasing safe places to be play and be physically active. HEAL Zones work through a collaboration of local organizations and agencies to implement policies, programs and environmental system changes to impact healthy eating and active living behavior. To date, Kaiser Permanente has awarded over \$7,000,000 to community based organizations across Southern California to support this initiative. For the specific project implemented in KFH-Ontario and the results to date, please see the listing above for Ontario HEAL Zone coordinated by the City of Ontario.

*KFH-Ontario Priority Health Need: Economic Instability*

<p>Long-term Goal</p> <ul style="list-style-type: none"> <li>- Reduce barriers (lack education attainment, poverty, basic needs, un/der-employment, and homelessness) to economic stability.</li> </ul> <p>Intermediate Goals</p> <ul style="list-style-type: none"> <li>- Improve food security.</li> <li>- Improve education opportunities.</li> <li>- Improve employment opportunities.</li> <li>- Improve housing opportunities.</li> </ul>
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*Economic Instability  
Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 15 KFH grant payments, totaling \$155,000, addressing the priority health need in the KFH-Ontario service area. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. Grants supporting economic security may include grants that address workforce (see section below under Healthcare Needs).

Grantee	Grant Amount	Project Description	Results to Date
House of Ruth, Inc.	\$15,000	This grant provides emergency shelter to 250 victims of domestic violence and their children for up to 45 days. Services provided by the shelter include self-sufficiency classes, domestic violence education, domestic violence advocacy, and therapy.	In 2015, a total of 133 emergency shelter residents (45 women and 88 children) received services. Shelter clients also participated in 20 Domestic Violence 101 classes, 143 classes related to life skills (e.g. parenting, job preparation, and time management), 28 sessions of legal assistance classes, 17 classes on financial advocacy, and 36 instances of court and social services advocacy by case managers.
Mercy House Living Centers	\$12,000	The Ontario Access Center Provides emergency services and support to the homeless in the City of Ontario and the surrounding communities. Support includes food, transportation, access to housing, and more.	In 2015, 679 individuals accessed services at the Ontario Access Center. Every individual receives access to services that meet their basic needs including food and motel vouchers, shower and laundry facilities, emergency case management and bus passes to assist them in attending important appointments including interviews. Eighty five (85) individuals including 21 children under the age of 18 received 256 bed nights of emergency shelter motel vouchers. About 247 hygiene kits were provided to individuals at the access center.
Inland Valley Hope Partners	\$7,500	Inland Valley Hope Partners will provide rapid re-housing by providing rental and/or utility assistance to families at risk of losing their home or those who are homeless and ready to move into housing.	In 2015, this program placed seven families from homelessness into permanent housing. Three additional families are in the process of being relocated, too.

David and Margaret Home, Inc.	\$6,000	David and Margaret Home, Inc. will provide 14 transitional foster youth clients (ages 18-24) enrolled in the transitional living programs with 130 supervised/paid job training hours at assigned job sites. Participating youth will develop successful work habits and industry training.	In 2015, 11 youth placements for job training. All participants have reported gaining increased job skills, including customer service experience, and learning to work in teams and follow directives. Additionally, 34 youth participated in the job and independent living skills classes and received the skills necessary to seek and obtain employment to be self-sufficient.
Mercy House Living Centers	\$13,000	Ontario Access Center, a one-stop walk-in homeless center, provides emergency services, including vouchers for food, shelter, and transportation; access to day storage lockers, showers, laundry, and emergency case management.	In 2014, served 1,255 homeless men, women, and children who from the West End with basic needs which decrease daily barriers for clients to face self-sufficiency and stability.
Ontario-Montclair Schools Foundation	\$8,000	Promise Scholars provides elementary, middle and High school students college campus tours, college/career presentations by business leaders, FAFSA completion workshops, True Colors personality assessment and career exploration activity aligned with new Common Core standards, including in class college-going lesson plans, college-going storybooks for students.	In 2014, the program reach includes college campus tours for 2,000 5th graders; and 2,300 8th graders; career presentations by business leaders for 2,500 6th graders; FAFSA completion workshops for 400 12 <sup>th</sup> graders and parents/guardians; and, True Colors personality assessment for 9th graders.
Uncommon Good, a California Nonprofit Organization	\$10,000	Urban farms will create jobs, distribute organic fruits and vegetables to low-income adults and children. Adults will participate in farm based health, wellness, and environmental education program	In 2014, Half of the produce grown will be sold at Claremont Farmers Market to sustain the program. Fruits and vegetables will be distributed to 650 low-income people in Ontario, Montclair, and Upland.

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Community Vital Signs (CVS) Initiative	KFH-Ontario and other community organizations and agencies partnered with San Bernardino County Department of Public Health lead Community Vital Signs (CVS) initiative to promote the county's Community Transformation Plan for healthier communities.	In 2015, upon completion of the Community Transformation Plan. KFH-Ontario Public Affairs/Community Benefit provided expertise on the CVS Steering Committee and chaired the Communications Subcommittee including promote/present the Transformation Plan to Healthy City Partners.
Community Vital Signs (CVS) Initiative	KFH-Ontario and 19 other community organizations and agencies partnered with San Bernardino County Department of Public Health lead Community Vital Signs (CVS) initiative, an assessment of the county's community needs.	During fall 2014, 32 community forums were held countywide, engaging 1,200 community members who gave input on the Community Transformation Plan. KFH-Fontana Public Affairs and Community Benefit leads provided expertise on the CVS Steering Committee and chaired the Communications Subcommittee.
San Bernardino County Workforce Investment Board (WIB)	KFH-Ontario participates on the San Bernardino County WIB, which has a mission to create a county where those who reside and invest can prosper and achieve wellbeing. The WIB convenes stakeholders to dialogue issues and collaborate.	In 2014, KFH-Ontario Public Affairs and Community Benefit leads served as voting/approving member of WIB programs and funding allocations committee. Their participation ensures that employment development strategies and efforts are linked to social determinants of health.
Food Policy Advisory Council	Food Policy Advisory Council will partner with the Community Action Partnership of San Bernardino County Food Bank to increase access to fresh produce for low-income, food-insecure residents throughout San Bernardino County.	In 2014, KFH-Ontario participated in the Food Policy Advisory Council, helped the Food Bank create a healthy vending machine policy, donated emergency food bars and back to school supplies, and provided staff volunteers to sort food at the Food Bank.

Recipient	Description of Contribution and Purpose/Goals
Baldy View Regional Occupational Program (ROP)	In 2014, the KFH-Ontario's chief nurse executive talked with 55 high school medical assistant students about careers in the medical field and related topics, including education attainment sharing her expertise and time.
Chino Valley Unified School District's Magnolia Middle School	In 2015, KFH-Ontario administered Hippocrates Circle program for 61 middle-school students, providing physician resource of time, a medical center facility tour, and meals for all program activities. Hippocrates Circle program is designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.
High School Students	In 2014, the KFH-Ontario area, 12 high school students participated in the Summer Youth Employment Program (SYEP), which provides supportive, meaningful paid employment experiences in health care fields. In addition to work assignments, the youth participate in educational sessions and motivational workshops. KFH-Ontario provides direct program administration, training, and mentoring resource time.
Chino Valley and Ontario-Montclair unified school districts	In 2014, KFH-Ontario administered Literacy Promotion program, where six performances and 23 workshops of Literacy Promotion Program that reached 2,227 students and 200 adults across five school districts in San Bernardino County. The Literacy Promotion Program for grades K to 2 that focuses on healthy habits and reading fun includes the play, Jay and E and the ZigZag Sea, and workshops for students and adults.
Chino Valley and Ontario-Montclair unified school districts	In 2015, the KFH-Ontario service area, there were six performances and 13 workshops of the Educational Theatre Literacy Promotion Program that reached 1,882 students and 106 adults across five school districts in San Bernardino County. The Literacy Promotion Program is for grades K-2 with the focus on healthy habits and reading and includes the play, Jay and E and the ZigZag Sea, and workshops for students and adults.

#### Long-term Goal

- Increase the number of people who have access to appropriate health care services among uninsured, underinsured, low income older adults, homeless and improve the overall system of care in San Bernardino County.

#### Intermediate Goal

- Increase health care coverage for uninsured, underinsured, low income older adults, homeless.
- Increase access to primary care.
- Provide case management for medically underserved patients who are frequent users of emergency room services for non-urgent cases.
- Improve access to specialty care/diagnostics.
- Improve service infrastructure and capacity of community clinics and/or social services providers to more adequately serve medically uninsured or underinsured and be sustainable.
- Reduce workforce shortages.

#### *Health Care Access & Utilization KFH Administered Program Highlights*

<b>KFH Program Name</b>	<b>KFH Program Descriptions</b>	<b>Results to Date</b>
<b>Medicaid</b>	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	<ul style="list-style-type: none"><li>• In 2014, \$8,210,147 was spent on the Medicaid program and 12,798 Medi-Cal managed care members were served</li><li>• In 2015, \$13,206,581 was spent on the Medicaid program and 14,112 Medi-Cal managed care members were served</li></ul>
<b>Medical Financial Assistance</b>	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	<ul style="list-style-type: none"><li>• In 2014, \$3,875,229 was expended for 700 MFA recipients</li><li>• In 2015, \$1,205,098 was expended for 914 MFA recipients</li></ul>
<b>Charitable Health Coverage</b>	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	<ul style="list-style-type: none"><li>• In 2014, \$529,013 was spent on the CHC program and 1,130 individuals received CHC</li><li>• In 2015, \$440,069 was spent on the CHC</li></ul>

program and 1,116 individuals received CHC

*Health Care Access & Utilization  
Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 10 KFH grant payments, totaling \$125,000, addressing the priority health need in the KFH-Ontario service area. In addition, a portion of the money managed by a donor advised fund (DAF), the California Community Foundation, was used to pay 15 grants, totaling \$1,537,500; DAF grants are denoted by asterisks (\*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
Insure the Uninsured Project	\$75,000*	Insure the Uninsured Project (ITUP) received funding to focus on educating consumers and stakeholders on health reform as well as Outreach, Enrollment, Retention and Utilization (OERU) strategies for the uninsured.	In 2015, ITUP convened its statewide and regional workgroups to build consensus and engage local leaders to focus on region specific issues that will address the health outcomes of the newly insured and disseminate its non-partisan reports on statewide and local issues. Annually, ITUP will host at least 18 meetings—six statewide issue workgroups, ten regional workgroups, two Los Angeles Health Collaborative meetings, and legislative briefings—as well as produce twenty-five research reports on coverage efforts for the uninsured, health reform implementation strategies, and findings from statewide and regional workgroups, annually.
Center for Oral Health	\$50,000*	The Center for Oral Health's (COH) mission is to improve oral health, especially for vulnerable populations. COH received support for the Oral Health Action Coalition of the Inland Empire (OHAC-IE). The incidence, prevalence, and morbidity rate due to oral diseases disproportionately affects the region. This coalition supports access to oral health	OHACIE is a coalition comprised of over 40 stakeholders from the Inland Empire region, including community clinics and health centers, schools of dentistry, and dental advocates and associations. Together, they mobilized and organized local resources to increase access to oral health and improve health outcomes for the residents through a focus on system change. In 2015, the coalition developed the OHAC-IE logic



		and improving health outcomes for the residents of the Inland Empire.	model, charter, and taskforce subcommittees to guide strategic direction for the next five years. As part of these efforts, COH will conduct a secondary analysis of publicly available datasets and conduct local surveys to identify critical indicators of oral health access, safety net strengths, and infrastructure needs.
Community Partners	\$512,500*	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.
Kids Come First	\$25,000	Kids Come First seeks to provide primary care services to children as a way to improve health care access/utilization while diverting emergency room visits to primary care, and increasing the percentage of well-child/preventive care visits.	In 2015, a total of 443 uninsured or underserved children received primary care services.
City of Montclair	\$14,000	The City of Montclair aims to increase access to care to the most vulnerable by offering seniors transportation for medical appointments and other life necessities through the Montclair Golden Express.	In 2015, Over 400 trips have been provided to seniors to attend medical appointments and over 1,600 trips for seniors to access daily nutrition at the Montclair Senior Center, representing a total 66 unique riders.
West End Young Men's Christian Association	\$14,000	West End YMCA will primarily serve adults and seniors who have no other means of transportation, or to whom transportation is an issue. The program will provide 512 one way trips to low income seniors for non-emergency medical trips.	In 2015, provided 139 one way trips (48 unique individual rides to primary care physicians, eye doctors, physical therapy, and dentist appointments from Ontario, northern Chino, Montclair, southern Upland and southern Rancho Cucamonga.
Pomona Community Health Center	\$10,000	Pomona Community Health Center aims to increase health care access by providing primary care services to	In 2014, reached 775 new patients from Chino, Montclair, Pomona, and Ontario.

		predominantly poor, underinsured, uninsured, and medically underserved individuals.	
Foothill Family Shelter, Inc.	\$10,000	Foothill Family Shelter, Inc. aims to provide recently homeless families at the shelter (the majority of whom have never seen a dentist or have not received treatment in years), with basic dental examinations and care.	In 2014, provided dental care to sheltered families (42 adults and 57 children) from Rancho Cucamonga, Ontario, Upland, Claremont, Montclair, and Pomona.
Reach Out West End	\$50,000*	Inland Empire Student Health Ambassador Program (IESHA) will provide an innovative approach to placing students in clinical settings as community health educators to move beyond classroom curriculum to impact learning.	In 2014, created a 36 hour based education/training curricula to provide first hand training in community health education on topics related to HIPAA, clinic protocol, diabetes, hypertension enabling student ambassadors to provide education in pre- selected community clinic setting waiting rooms. Two community clinic partners and 31 high school and community college students will participate in the training and education.

*Health Care Access & Utilization  
Collaboration/Partnership Highlights*

<b>Organization/Collaborative Name</b>	<b>Collaborative/Partnership Goal</b>	<b>Results to Date</b>
Oral Health Action Coalition Inland Empire (OHAC IE)	This partnership convened local dental service providers, dental advocates, and associations to engage in dialogue about dental care coordination, cross referral, and brainstorming strategies to impact the Oral Health Safety Net.	KFH-Ontario's Community Benefit lead provided project management, logistics, and space for three convening's, where attendees discussed dental best practices, existing assets and resources, a vision for an organizing group to lead further action, and an overarching desire to impact the oral health status of vulnerable populations in the Inland Empire. In 2014, the coalition developed mission and vision statements, and decided to form the Inland

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		Empire Oral Health Coalition and engage stakeholders from San Bernardino and Riverside counties.
Oral Health Action Coalition Inland Empire (OHAC IE)	Oral Health Action Coalition Inland Empire convenes local dental service providers, dental advocates, and associations to engage in dialogue about care coordination, cross referral, and discuss the optimal impact in dental health.	In 2015, coalition members developed a five-year logic model, identified four subcommittees—Advocacy, Direct Services, Public Awareness/Communications, and Data, Surveillance, and Evaluation. KFH-Fontana Public Affairs and Community Benefit staff served as the coalition co-chair and project manager, directly supporting development of the coalition logic model, charter, minutes, and more.
San Bernardino County Sheriff's Department - Homeless Outreach Proactive Enforcement, 2-1-1 San Bernardino County, Clinic Association of San Bernardino County	Staff from KFH-Ontario's Social Services Department have engaged in assessment and brainstorming with stakeholders who serve the homeless community working with the homeless population to respond to their various needs.	In 2014, KFH-Ontario's Public Affairs and Community Benefit leads assessed the social and non-medical needs associated with homeless people, and emergency department utilization. They also joined with organizations that serve the homeless to explore opportunities to work collaboratively. This resulted in a convening of nonprofit community hospitals to dialogue about better support for and connections to San Bernardino County's homeless population, including how health care providers can partner.
Public safety, nonprofits and health agencies in the KFH-Fontana service area	KFH-Ontario Public Affairs and Community Benefit staff and Social Services departments collaborated to host, convene, and facilitate three Hospital and Homeless Service Provider meetings. By engaging in assessment and brainstorming with diverse	In 2015, KFH-Ontario Public Affairs and Community Benefit partnered with the San Bernardino County Sheriff's Department - Homeless Outreach Proactive Enforcement, 2-1-1 San Bernardino County, Office of Homeless Services, hospitals, homeless service providers,

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	stakeholders, teams explored opportunities to respond to the homeless population's diverse medical and non-medical needs.	San Bernardino County, and Department of Behavioral Health, Alcohol & Drugs. The Nonprofit Hospital Peer Network was developed to enhance homeless placements in community settings to convene peer-to-peer.
Community Clinic Association of San Bernardino County (CCASBC)	KFH-Ontario, a catalyst in the initial formation of CCASBC in 2009, is now an affiliate member. Other members include 19 safety net clinic systems that represent 45 clinic sites across San Bernardino County.	As an affiliate member, in 2014 KFH-Ontario participated in CCASBC educational sessions and board meetings, providing support for ongoing safety net clinic joint projects and communications, while strengthening its relationships with the various community clinic members, resulting in deeper partnerships and sharing of clinical resources.
Al-Shifa Clinic, H Street Clinic, Kids Come First Community Health Center, Well of Healing Mobile Medical Clinic	Through KFH-Ontario's Physician Engagement Program, Internal Medicine and Family Medicine physicians volunteer once a month at a local community clinic providing primary care services and allowing the clinic to increase access	In 2014, seventeen KFH-Ontario Family Medicine and Internal Medicine physicians provided 365 volunteer hours of direct primary care services to community clinic clients. From 2010-2014, the physicians volunteered a total of 1,801 hours and treated approximately 3,600 uninsured, underinsured, working poor, and homeless patients.
Al-Shifa Clinic, H Street Clinic, Bloomington Community Health Center	To address the shortage of specialty services in San Bernardino County, KFH-Ontario specialist physicians volunteer once a month at a local community clinic. Through the Physician Engagement Program, they provide various specialty care services (psychiatry, ophthalmology, etc.) to uninsured, underinsured, working poor, and homeless clients.	In 2014, eleven KFH-Ontario specialist and surgeon physicians amassed 210 volunteer hours directly providing specialty care services. Their efforts align with, and are part of, Community Clinic Association of San Bernardino County's Specialty Care initiative, which aims to address specialty care gaps and needs. In addition, KFH-Ontario physicians and staff also sit on the access, quality, and capacity building sub-committees.

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Al Shifa Free Clinic, Well of Healing Mobile Medical Clinic, Kids Come First	KFH-Ontario physicians volunteered during Educational Time and provided medical expertise once a month to screen, provide consultations, and treat community clinic patients. This collaboration allows physicians to support provision of primary care at community clinics.	This collaboration allows physicians to support provision of primary care at community clinics. In 2015, 25 physicians provided 1,527 medical volunteer hours resulting in 1,200 primary care and 130 specialty care patient encounters for low income uninsured individuals.
<i>Health Care Access &amp; Utilization In-Kind Resources Highlights</i>		

Recipient	Description of Contribution and Purpose/Goals
Chaffey Joint Union, Pomona Unified, and Upland Unified school districts	What Goes Around, Educational Theatre's STI prevention program for grades 9 to 12, provides HIV, AIDS, and STI (sexually transmitted infections) information and looks at the lasting impact one person's health choice can have on others. The program focuses on abstinence as an option and the importance of testing and prevention. In 2014, the KFH-Ontario delivered performances at four high schools for 3,129 students and 67 adults, and the ET actor-educators facilitated a question and answer session after each performance.
Chaffey Joint Union, Pomona Unified, and Upland Unified school districts	What Goes Around, Educational Theatre's STI prevention program for grades 9 to 12, provides HIV, AIDS, and STI (sexually transmitted infections) information and looks at the lasting impact one person's health choice can have on others. The program focuses on abstinence as an option and the importance of testing and prevention. In 2015, the KFH-Ontario delivered performances at four high schools for 3,260 students and 72 adults, and the ET actor-educators facilitated a question and answer session after each performance.
Western University of Health Sciences (Eye Care Center), Pomona Community Health Center, SAC Health Systems, Bloomington Community Health Center, H Street Clinic,	In 2015, KFH-Ontario coordinated and held the Saturday Community Surgery Day including recruitment of volunteer Kaiser Permanente professionals including surgeon, anesthesiologist, nursing, and other ancillary medical volunteer staff time and expertise. The KFH-Fontana's Ontario-Vineyard Ambulatory Surgery Center provided operating space, supplies, and other ancillary costs for a total of 22 cataract and hernia surgeries for low income uninsured individual that do not qualify for any other insurance programs.

Recipient	Description of Contribution and Purpose/Goals
H Street Clinic, Inland Behavioral and Health Services, Pomona Community Health Center, SAC Health Systems, Bloomington Community Health Center	KFH-Ontario physicians and staff partner with five community clinics to offer Community Saturday Surgery Day to low-income uninsured clinic clients who are referred into the program and receive surgeries at no cost. In 2014, KFH-Ontario hosted the 7th Community Surgery Day: seven surgeries, including cataract, hernia repair, and knee arthroscopy, were performed. Since 2010, about over 100 individuals have volunteered their time and expertise. KFH-Fontana's Ontario-Vineyard Ambulatory Surgery Center provides operating space and covers supplies, surgeons, anesthesiologist, nurses and other ancillary costs.
<i>Impact of Regional Initiatives Addressing Health Care Access &amp; Utilization</i>	

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

**Kaiser Permanente's Specialty Care Initiative** aims to increase access to healthcare services for the underserved through the development and enhancement of specialty care access. In order to achieve this goal, Kaiser Permanente funded technical assistance through Community Partners to implement a coalition approach, where various partners collaborated to develop and implement strategies tailored to their communities in Southern California. These strategies focused on instituting and enhancing referral processes, building and expanding specialty care networks, increasing primary care physicians' capacity, and utilizing care coordination in the safety net. This multi-year initiative was launched in 2007 and to date a total of over \$4,953,000 were awarded and paid to community based agencies across Southern California to support specialty care access. The Community Clinic Association of San Bernardino County is the lead for the Specialty Care Initiative in the service area.

*KFH-Ontario Priority Health Need: Mental Health*

**Long-term Goal**

- Reduce and prevent mental illness in vulnerable populations.

**Intermediate Goals**

- Decrease mental health symptoms.
- Increase emotional and behavioral stability; among adults, teens, and children.
- Improve access to mental health care.
- Improve capacity (service infrastructure) of mental health providers.

*Mental Health  
Grant-Making Highlights*

**Grant-Making Snapshot** During 2014-2015, there were 8 KFH grant payments, totaling \$90,000, addressing the priority health need in the KFH-Ontario service area. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
Project Sister Family Services	\$15,000	Provide counseling to survivors of sexual assault. About 90% of clientele live within poverty guidelines. Ethnic breakdown includes 67% Hispanic, 22% Caucasian, 1% Asian, 7% African American, 2% Native American, 1% other/unknown.	In 2015, 1,219 counseling and case management hours were provided to 178 individuals (107 adult females, 21 adult males, 22 children under 12 years, and 28 teens ages 13-17).
Samaritan Counseling Center	\$10,000	Samaritan Counseling Center provides individual and family therapy for teenage boys, young men, and underserved adults ages 25-44 to help resolve behavior issues and conflicts in a positive manner while addressing other mental health or substance abuse problems.	In 2015, the center served 45 males, providing 540 counseling and therapy sessions to individuals from Chino, Chino Hills, Claremont, La Verne, Montclair, Pomona, Diamond Bar, Rancho Cucamonga, and Upland.
Reach Out West End Inc.	\$10,000	This grant provides the community with resources and education on topics related to mental health. Reach Out West End provides high school students with early intervention therapy as well as individual and/or group counseling. Services also	In 2015, over 828 high school students, parents, or guardians received services through outreach events and direct individual and group counseling services. Of this number, 516 students and parents received information about the student assistance program,



		include presentations at student or parent assemblies, parenting classes, and “Hot Topic” presentations.	hot topics and classroom presentations. Approximately, 300 students received counseling services and 16 students received early intervention services and referrals for more intensive services.
Ontario-Montclair School District	\$10,000	Provide onsite school counseling to low -income elementary and middle school children who are English language learners to address dropout rates, poor school performance, strained family relationships, depression, anger, substance abuse, panic attacks, post-traumatic stress disorder, and/or suicide attempts.	In 2014, provided onsite counseling to 100 students.
Project Sister Family Services	\$10,000	Provide individual and group counseling to children and adult survivors of sexual violence and child abuse to prevent self-destructive behaviors from developing such as substance/drug abuse, promiscuity, depression, teen pregnancy, post-traumatic stress disorder, and domestic violence.	IN 2014, served 200 survivors of sexual violence and child abuse from Chino, Chino Hills, Montclair, Rancho Cucamonga, Upland, Pomona, Claremont and La Verne
Samaritan Counseling Center	\$10,000	Samaritan Counseling Center provides individual and family therapy for teenage boys, young men, and underserved adults ages 25-44 to help resolve behavior issues and conflicts in a positive manner while addressing other mental health or substance abuse problems.	In 2014, served 45 males, providing a 540 counseling/therapy sessions to individuals from Chino, Chino Hills, Claremont, La Verne, Montclair, Pomona, Diamond Bar, Rancho Cucamonga, and Upland.

*Mental Health  
In-Kind Resources Highlights*

Recipient	Description of Contribution and Purpose/Goals
Kids Come First Community Health Center	In 2015, A KFH-Ontario psychiatrist provided about 19 volunteer hours in planning the process, and saw 5 pediatric patients, even though there were many no-shows. Community Benefit staff provided hours in coordinating planning meetings with the clinic and psychiatrist.
Ontario-Montclair and Pomona unified school	In 2014, KFH-Ontario spent staff time and expertise in delivering the Educational Theatre adolescent bullying awareness program for grades 6 to 8 includes the play <b><i>Someone Like Me</i></b> , which addresses rumors and gossip as a form of bullying, the prevalence of social media as a means of bullying, and the

Recipient	Description of Contribution and Purpose/Goals
districts	developmentally appropriate choice of abstinence providing 12 performances for 2,555 students and 108 adults from nine middle school.
School Districts in San Bernardino County	In 2014, KFH-Ontario spent staff time and expertise in delivering the adolescent bullying awareness program for grades 6 to 8 includes the play <i>Someone Like Me</i> , which addresses rumors and gossip as a form of bullying, the prevalence of social media as a means of bullying, and the developmentally appropriate choice of abstinence providing 6 performances for 1, 144 students and 50 adults were held at five schools. Each performance ended with ET actor-educators hosting one-on-one sessions with students and connecting them to school personnel, as needed.middle school students.
School District	In 2014, KFH-Ontario spent time and expertise to coordinate and deliver the conflict management program for grades 3 to 5 includes the play, <i>Drummin' Up Peace</i> and a student workshop. Key topics include steps to managing conflict, empathy, cooperation, and communication, providing 3 performances for 1, 003 students and 43 adults at 2 school locations.
Ontario-Montclair Unified School District	In 2015, KFH-Ontario provided staff time and expertise to coordinate and deliver the conflict management program for grades 3-5 including the Educational Theatre play <i>Drummin' Up Peace</i> and a student workshop. Key topics include steps to managing conflict, empathy, cooperation, and communication nine performances were completed for 2,331 students and 122 adults at six schools.

## PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

KFH Workforce Development Highlights
<p><b>Long Term Goal:</b></p> <ul style="list-style-type: none"> <li>To address health care workforce shortages and cultural and linguistic disparities in the health care workforce</li> </ul>
<p><b>Intermediate Goal:</b></p> <ul style="list-style-type: none"> <li>Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care</li> </ul>
<p><b>Summary of Impact:</b> During 2014-2015, a portion of money managed by a donor advised fund at California Community Foundation was used to award two grants, totaling \$150,000, that address this need. An illustrative sample of grants is provided below; DAF grants are denoted by asterisks (*).All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. KFH-Ontario also provided trainings and education 15 nurse practitioner or other nursing beneficiaries and two other health (non-MD) beneficiaries as well as internships for 10 high school and college students (Summer Youth, INROADS, etc.).</p>

Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
California Institute for Nursing and Health Care (CINHC)	\$100,000*	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSU's and respective CCC's. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
Campaign for College Opportunity (CCO)	\$50,000*	This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands. This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands.	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filling the demand. CCO has completed the report and the general release will occur in June 2016. The report's release will be accompanied by a media and communications strategy including a webinar, briefings with key stakeholders (in education, business, community and civic organizations) along with policymakers in Sacramento.
In-Kind Resources Highlights			
Recipient	Description of Contribution and Purpose/Goals		
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community		

	audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.
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## PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

KFH Research Highlights			
<b>Long Term Goal:</b>			
<ul style="list-style-type: none"> <li>To increase awareness of the changing health needs of diverse communities</li> </ul>			
<b>Intermediate Goal:</b>			
<ul style="list-style-type: none"> <li>Increase access to, and the availability of, relevant public health and clinical care data and research</li> </ul>			
<b>Summary of Impact:</b> Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling \$16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to award two grants, totaling \$1,050,000 that address this need. An illustrative grant is provided below. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.			
Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
UCLA Center for Health Policy Research	\$500,000*	The California Health Interview Survey (CHIS) investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	At the end of the grant period, UCLA Center for Health Policy Research interviewed approximately 41,500 households and completed 78,127 screenings along with 40,125 adult, 2,255 adolescent and 5,514 child interviews. In addition, 12 AskCHIS online trainings were completed.
In-Kind Resources Highlights			
Recipient	Description of Contribution and Purpose/Goals		
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects. In the KFH-Ontario service area, three research projects were active as of year-end 2014 and four research projects were active as of year-end 2015.		

## VIII. Appendix

### Appendix A: Secondary Data Sources and Dates

#### *Quantitative Secondary Data Sources*

1. California Department of Education. 2012-2013.
2. California Department of Education. 2013.
3. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
4. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
5. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
6. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
7. California Department of Public Health, CDPH – Tracking. 2005-2012.
8. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
10. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
11. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2012.
12. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2005-2009.
13. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
14. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
15. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2010.
16. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2012.
17. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
18. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006-2010.
19. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2010.
20. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2011.
21. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
22. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
23. Centers for Medicare and Medicaid Services. 2012.
24. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012.

25. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
26. Environmental Protection Agency, EPA Smart Location Database. 2011.
27. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
28. Feeding America. 2012.
29. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
30. National Center for Education Statistics, NCES – Common Core of Data. 2012-2013.
31. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
32. New America Foundation, Federal Education Budget Project. 2011.
33. Nielsen, Nielsen Site Reports. 2014.
34. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
35. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
36. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
37. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
38. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
39. US Census Bureau, American Community Survey. 2009-2013.
40. US Census Bureau, American Housing Survey. 2011, 2013.
41. US Census Bureau, County Business Patterns. 2011.
42. US Census Bureau, County Business Patterns. 2012.
43. US Census Bureau, County Business Patterns. 2013.
44. US Census Bureau, Decennial Census. 2000-2010.
45. US Census Bureau, Decennial Census, ESRI Map Gallery. 2010.
46. US Census Bureau, Small Area Income & Poverty Estimates. 2010.
47. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
48. US Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas. 2011.
49. US Department of Agriculture, Economic Research Service, USDA – Child Nutrition Program. 2013.
50. US Department of Education, EDFacts. 2011-2012.
51. US Department of Health & Human Services, Administration for Children and Families. 2014.
52. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
53. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
54. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
55. US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015.
56. US Department of Housing and Urban Development. 2013.
57. US Department of Labor, Bureau of Labor Statistics. June 2015.
58. US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2013.
59. US Drought Monitor. 2012-2014

## Other Secondary Data Sources

1. "Chronic Disease Prevention and Health Promotion". 2016. Cdc.Gov. <http://www.cdc.gov/chronicdisease/>.
2. "Noncommunicable Diseases". 2016. World Health Organization. [http://www.who.int/topics/noncommunicable\\_diseases/en/](http://www.who.int/topics/noncommunicable_diseases/en/)
3. "Cancer Prevention and Control". 2016. Cdc.Gov. <http://www.cdc.gov/cancer/dcpc/prevention/screening.htm>
4. California's Leading Causes of Death. 2013. California Department of Public Health. Retrieved 17 April 2016, from <http://www.cdph.ca.gov/programs/ohir/pages/CHSP.aspx>.
5. County Health Rankings. 2016 <http://www.countyhealthrankings.org/our-approach/health-factors>
6. Healthy People 2020. 2016. HealthPeople.gov. <https://www.healthypeople.gov/2020/topics-objectives>
7. Inadequate and Unhealthy Housing, 2007 and 2009. Centers for Disease Control and Prevention. Retrieved 17 April 2016, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a4.htm>.
8. National Center for Health Statistics Data Brief. 2013. *Acceptance of New Patients with Public and Private Insurance by Office-based Physicians: United States 2013*. Cdc.gov. <http://www.cdc.gov/nchs/data/databriefs/db195.pdf>
9. National Center for Health Statistics. 2016. Cdc.Gov. <http://www.cdc.gov/nchs/fastats/default.htm>
10. Robert Wood Johnson Foundation. 2013. *Why Does Education Matter So Much to Health?* <http://www.rwjf.org/en/library/research/2012/12/why-does-education-matter-so-much-to-health-.html>.
11. "Social Determinants of Health: Know What Affects Health". 2016. Cdc.gov. <http://www.cdc.gov/socialdeterminants/>.



## Appendix B: Community Input Tracking Form

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
1. Community Forum	Central region residents, community based organizations, health agencies, and local government representatives (identification of health needs)	21	Low-income, medically underserved minority community members, health department representative, public health experts	Community leaders, representatives, and members	10/7/2015
2. Community Forum	West end region residents, community based organizations, health agencies, and local government representatives (identification of health needs)	20	Low-income, medically underserved minority community members, health department representative, public health experts	Community leaders, representatives, and members	10/7/2015
3. Community Forum	West end region residents, community based organizations, health agencies, and local government representatives (identification of health needs)	22	Low-income, medically underserved minority community member and health department representative	Community leaders, representatives, and members	10/8/2015
4. Community Forum	Mountain region residents, community based organizations, health agencies, and local government representatives (identification of health needs)	8	Low-income, medically underserved minority community members, health department representative, public health experts	Community leaders, representatives, and members	10/14/2015

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
5. Key Stakeholder Interview	ROP Administrator, San Bernardino County Regional Occupational Program (identification of health needs)	1	Other- non-traditional workforce/ technical career development	Community representative	10/8/2015
6. Key Stakeholder Interview	Inland Empire Economic Partnership (identification of health needs)	1	Other- non-traditional workforce/ economic development	Community leader, representatives, and members	10/6/2015
7. Key Stakeholder Interview	President, HC2 Strategies (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader	10/30/2015
8. Key Stakeholder Interview	Executive Director, Partners for Better Health (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader	10/14/2015
9. Key Stakeholder Interview	Head of the Department of Life, Dignity, and Justice, Diocese of San Bernardino/Riverside Counties (identification of health needs)	1	Low-income, medically underserved minority community members, Other non-traditional faith community	Community leader	10/23/2015
10. Key Stakeholder Interview	Executive Director, Inland Empire United Way (identification of health needs)	1	Low-income, medically underserved minority community members,	Community leader	10/8/2015
11. Key Stakeholder Interview	President, Inland Empire Black Nurses Association (identification of health needs)	1	Low-income, medically underserved minority community	Community leader	10/12/2015

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
			members, public health experts		
12. Key Stakeholder Interview	Employer Services Representative, IE Commuter Employer Services Rep San Bernardino County (identification of health needs)	1	Other- non-traditional-commuter, local agency with information on health needs	Community representative	11/11/2015
13. Key Stakeholder Interview	President and Founder, Faith Advisory Council for Community Transformation (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/2/2015
14. Key Stakeholder Interview	Manager of Communications and Corporate Services, California Steel Industries (identification of health needs)	1	Other- non-traditional workforce/ major employer	Community representative	10/14/2015
15. Prioritization Participant	Manager, Special Projects, Social Action Community Health System (SACHS) (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
16. Prioritization Participant	El Sol NEC (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
17. Prioritization Participant	Development Officer, Children's Fund (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
18. Prioritization Participant	Director of Programs, Foothill AIDS Project (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
19. Prioritization Participant	Clinic Administrator, Community Health Systems, Inc. (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
20. Prioritization Participant	Community Health Systems, Inc. (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
21. Prioritization Participant	Director of Community Programs, Inland Empire United Way Community Health Systems, Inc. (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/15/2016
22. Prioritization Participant	Kids Come First (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
23. Prioritization Participant	Pomona Community Health Center (identification of health needs)	1	Federal, tribal, regional, state, or local department or agency with current information on	Community leader and representative	1/12/2016

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
			the health needs in San Bernardino County		
24. Prioritization Participant	County of San Bernardino Department of Public Health (identification of health needs)	1	Department of Public Health	Community leader and representative	1/12/2016
25. Prioritization Participant	Kids Come First (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
26. Prioritization Participant	Pomona Community Health Center (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
27. Prioritization Participant	Fontana Unified School District/Food Service (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
28. Prioritization Participant	Pomona Community Health Center (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
29. Prioritization Participant	Kids Come First Community Health Center (identification of health needs)	1	Low-income, medically underserved minority community members,	Community leader and representative	1/12/2016

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stake-holders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
			public health experts		
30. Prioritization Participant	City of Ontario (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
31. Prioritization Participant	Mission City Community Network (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
32. Prioritization Participant	Ontario-Montclair School District (identification of health needs)	1	Federal, tribal, regional, state, or local department or agency with current information on the health needs in San Bernardino County	Community leader and representative	1/12/2016
33. Prioritization Participant	Foothill AIDS Project (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016
34. Prioritization Participant	Inland Valley Hope Partners (identification of health needs)	1	Low-income, medically underserved minority community members, public health experts	Community leader and representative	1/12/2016

<b>Data Collection Method</b>	<b>Who Participated/ Type of Input</b>	<b># of Stakeholders</b>	<b>Who Participant(s) Represent(s)</b>	<b>Position with respect to the group</b>	<b>Date</b>
35. Prioritization Participant	Fonzell Center (identification of health needs)	1	Federal, tribal, regional, state, or local department or agency with current information on the health needs in San Bernardino County	Community leader and representative	1/12/2016



## Appendix C: Health Need Profiles

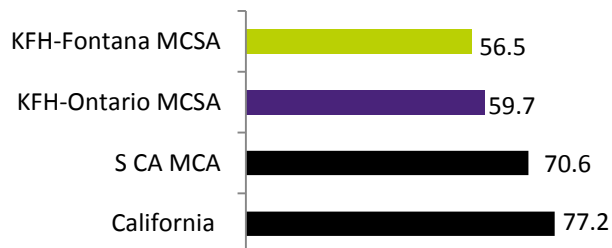
### Access to Care

**Description and Significance:** Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. In 2014, approximately 11.5% of Americans were uninsured; and the rate of uninsured 18-64 year olds was higher at 16.3% (National Center for Health Statistics). In California in 2013, 54.2% of physicians accepted new Medi-Cal patients, which is lower than the national average (68.9%; National Center for Health Statistics Data Brief). Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life (Healthy People 2020). Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. Residents of the KFH-Fontana/Ontario Medical Center Service Areas (MCSA) lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state.

### Health Driver Statistics



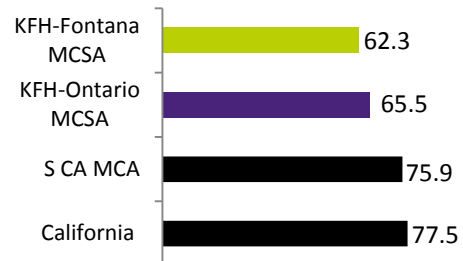
#### Access to Primary Care Physicians (Per 100,000 Population)



Residents in the KFH-Fontana/Ontario Medical Center Service Area are less likely to have access to a primary care physician relative to the S CA MCA and the state.

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.

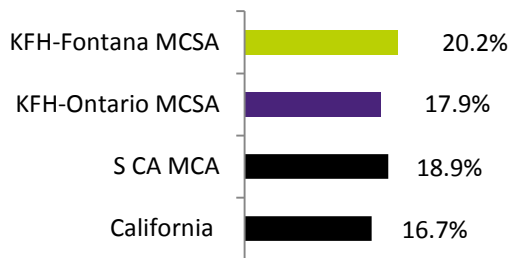
#### Access to Dentists (Per 100,000 Population)



When compared with the rate of dentist for the S CA MCA and the state, residents of the KFH-Fontana/Ontario Medical Center Service Areas are less likely to have access to a dentist.

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.

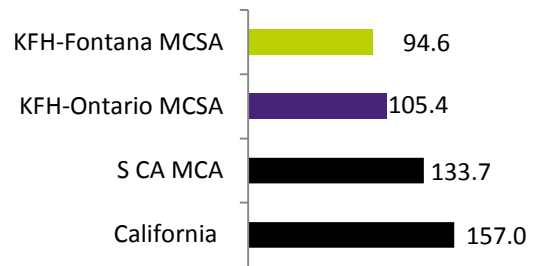
### Uninsured Population



A larger percent of residents in the KFH-Fontana/Ontario Medical Center Service Areas are uninsured relative to the state.

Source: US Census Bureau, American Community Survey. 2010-14.

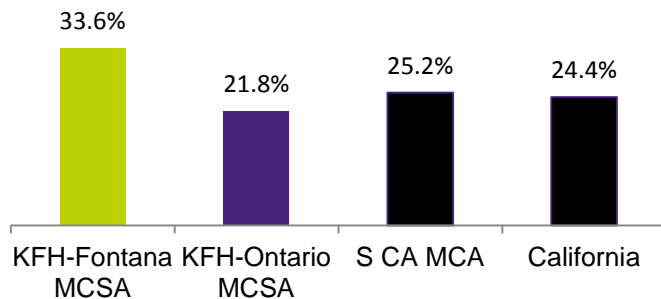
### Access to Mental Health Providers (Per 100,000 Population)



Residents in the KFH-Fontana/Ontario Medical Center Service Area are less likely to have access to a mental health care provider than the S CA MCA or the state.

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014.

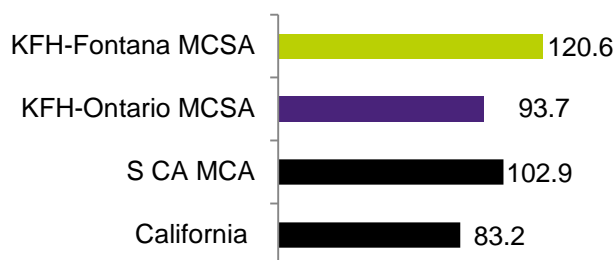
### Population Receiving Medi-Cal



A higher percentage of the insured population in the KFH-Fontana Medical Center Service Area is receiving Medi-Cal than in the S CA MCA or the state. The KFH-Ontario Medical Center Service Area has a lower percentage than the S CA MCA and the state.

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

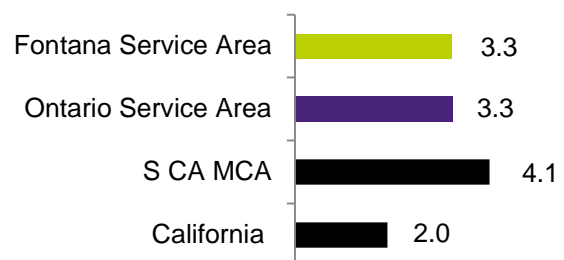
### Preventable Hospital Events



There is a higher rate of preventable hospital events in the KFH-Fontana Medical Center Service Area when compared to the S CA MCA and the state. Although, the KFH-Ontario Medical Center Service Area is below the S CA MCA, it is still higher than the state.

Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code

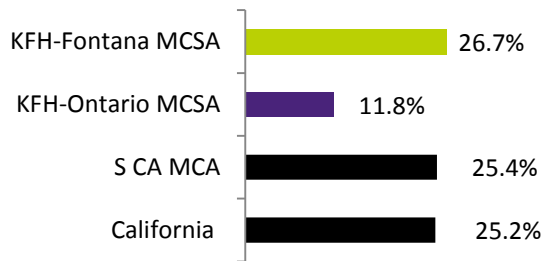
### Federally Qualified Health Centers



The rate of Federally Qualified Health Centers in the KFH-Fontana/Ontario Medical Center Service Areas is higher than the state rate, but lower than the S CA MCA.

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Sept. 2015. Source geography: Address

### Health Professional Shortage Area Primary Care



Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

### Health Professional Shortage Area Dental

KFH-Fontana MCSA	0%
KFH-Ontario MCSA	0%
S CA MCA	3.1%
California	4.9%

Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

## Health Disparities

### Community Description of Disparities

Community stakeholders identified health care access as being especially problematic for those living in the **Mountain and Desert regions of the KFH-Fontana Medical Center Service Area**; in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the **KFH-Fontana/Ontario Medical Center Service Areas**, undocumented and mixed-status families, the poor and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable to them.

- + “Some do not sign up under affordable care [act], as bad as that may be. They are saying that it’s too much for them, they don’t get paid enough to afford healthcare.”-Interviewee



Native Hawaiian/Pacific Islanders, Hispanic/Latino, and Native American/Alaskan Natives are more likely to be uninsured than other individuals in the KFH-Fontana Medical Center Service Area.

#### Uninsured Population, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Multiple Race	Hispanic/Latino
<b>KFH-Fontana MCSA</b>	12.6%	14.8%	16.9%	22.9%	29.2%	15.5%	26.0%
<b>KFH-Ontario MCSA</b>	9.9%	14.1%	14.0%	18.4%	9.8%	12.6%	23.8%
<b>S CA MCA</b>	10.2%	15.2%	15.3%	25.0%	17.8%	13.8%	27.6%
<b>California</b>	9.6%	14.2%	13.1%	23.1%	18.2%	12.6%	25.9%

Source: US Census Bureau, American Community Survey. 2010-14.

## Assets & Opportunities



### Community Description of the Health Need

While more people than ever have health insurance, getting timely access to healthcare when its needed is challenging due to increased demand on the system in urban areas and the lack of providers in more outlying regions, such as the Mountains and High Desert communities.

- + “We already were under-doctored, under healthcare practitioner-ed before the Affordable Care Act. Now with the ACA, I mean it was almost instantaneous that you added 500,000 to the roles. It is this capacity issue that the region is trying to deal with.” ~Interviewee

### Resources

Community stakeholders identified the following organizations, programs and initiatives as important community resources for potentially addressing access to care during community forums:

- Health education
- Hospital outreach meetings
- Navigation services
- Medical Groups
- Victor Valley Hospital
- Montclair Community collaborative
- Employer-sponsored on-site health clinics El Sol Neighborhood Education Centers
- Ontario-Montclair School District Vans for transportation to medical appointments
- Kids Come First
- Inland Empire Health Plan
- Molina Medical
- Kaiser Permanente
- Social Action Community Health

## Programs, Policy, Planning, and Collaboration

**Healthy Cities and Communities:** Nearly all communities within the KFH-Fontana/Ontario Medical Center Service Areas have Healthy Cities and Communities initiatives. These community-based initiatives are focused on improving the overall health and wellbeing of residents. These efforts focus on the unique needs of each community—for example, walking clubs, farmer's markets, healthy vending machine policies, breastfeeding policies are among some of the programs and policies enacted by Healthy Cities and Communities.

**El Sol Community Health Workers** provide health and mental health education and outreach in the communities where they live. Their work is focused on prevention and early identification of health needs. Community Health Workers help residents connect to health insurance, learn to use their insurance and navigate healthcare systems and connect to providers.

**Partners for Better Health:** This organization administers the Randall Lewis Health Policy Fellows, which places graduate students with expertise in public health to support the work of healthy cities and communities.

The **RIM Community Resource Network** is a collaborative of public and community based service providers representing the Mountain Communities. The network includes organizations that provide counseling and case management, and provide health screening and education at fairs and outreach events.

Icons from [The Noun Project](#)

## Asthma

**Description and Significance:** Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives (Healthy People 2020). In the United States in 2014, 7.4% of adults and 8.6% of children had asthma (National Center for Health Statistics).

## Health Outcome Statistics



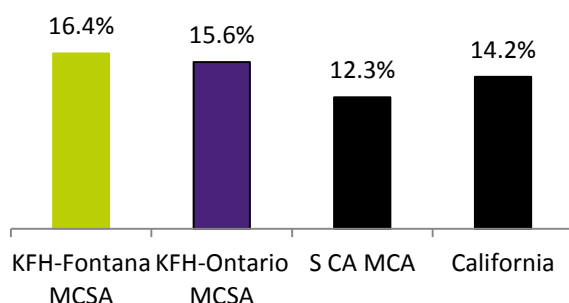
### Asthma Hospitalizations (Per 100,000 Population)

KFH-Fontana MCSA	11.3
KFH-Ontario MCSA	6.6
S CA MCA	8.8
California	8.9

Fontana has a higher asthma hospitalization rate compared to Ontario, the S CA MCA, and the state.

*Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011*

### Asthma Prevalence in Adults



The KFH-Fontana/Ontario Medical Center Service Areas have a higher asthma prevalence rate than the S CA MCA and the state.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

## Health Disparities

### Community Description of Disparities

Community members reported that asthma impacts **children, older adults and smokers** disproportionately more than other groups. Those that live in high density or **substandard housing** are at higher risk than other groups due to the presence of asbestos, dust, mold and lead paint. Neighborhoods in and around industrial facilities, train tracks and busy freeways expose people to pollutants that can exacerbate asthma. Poor air quality, especially when there are wild fires, can trigger asthma and result in hospitalizations. The uninsured, immigrants and non-English speakers experience challenges receiving care for asthma.

Compared with the S CA MCA and the state, KFH-Fontana Medical Center Service Area has higher a percentage of total patient discharges for asthma for black residents (1.8%), while KFH-Ontario Medical Center Service Area has a slightly lower discharge rate for black residents (0.9%).

## Key Health Drivers



### Physical Environment

**Air Quality Ozone** This indicator reports the percentage of days per year with Ozone (O<sub>3</sub>) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of days with Ozone levels above the Ambient Air Quality standard compared to the S CA MCA and the state.

#### Percent of Air Quality Ozone (O<sub>3</sub>)

KFH-Fontana Medical Center Service Area	KFH-Ontario Medical Center Service Area	S CA MCA	California
14.4%	8.8%	3.2%	2.5%

Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.  
Source geography: Tract

**Air Quality Particulate Matter** This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. The KFH-Fontana/Ontario Medical Center Service Areas are below the S CA MCA benchmark and the state benchmark.

#### Air Quality Particulate Matter 2.5

KFH-Fontana Medical Center Service Area	KFH-Ontario Medical Center Service Area	S CA MCA	California
1.0%	1.6%	2.2%	4.2%

*Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.*

*Source geography: Tract*

## Assets and Opportunities



### Community Description of the Health Need

Community members identified a number of assets and resources to potentially address asthma primarily among children.

#### Programs:

**Breathmobile:** Arrowhead Regional Medical Center and the County of San Bernardino in association with the Asthma and Allergy Foundation of America have implemented a new approach to pediatric asthma management by establishing a program that provides care via an “asthma clinic on wheels”. The Breathmobile provides coordinated case identification, structured mobile office visits, diagnostic testing, physical exam, pharmacological therapy and patient/family education in asthma management.

**American Lung Association:** The American Lung Association (with funding from First 5 San Bernardino) provides home assessments to reduce environmental triggers such as dust mites, mold and dust. The program helps parents develop asthma management plans, use medications properly and avoid hospitalizations for children.

Icons from [The Noun Project](http://thenounproject.com)



## Cancers

**Description and Significance:** Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains the second leading cause of death in the United States. Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and excessive alcohol use (Healthy People 2020).

### Health Outcome Statistics



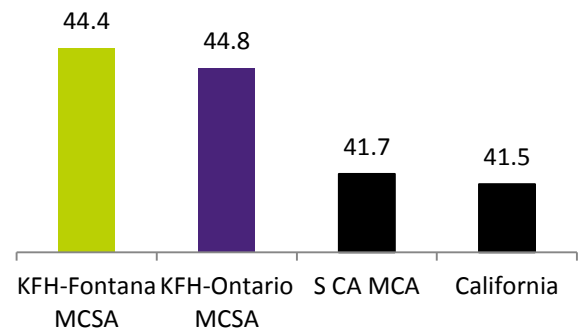
#### Cervical Cancer Incidence (Per 100,000 Population)

Fontana	8.7
Ontario	8.8
Southern California Region	8.4
California	7.8

The KFH-Fontana/Ontario Medical Center Service Areas have slightly higher cervical cancer incidence rates compared to the S CA MCA and state.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

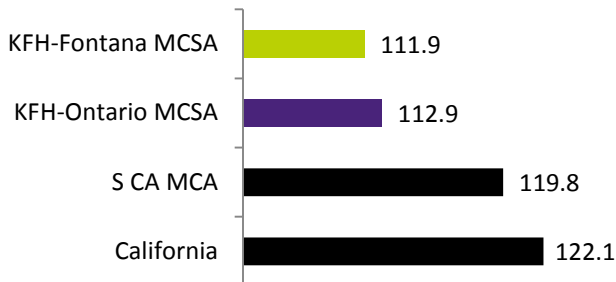
#### Colon and Rectum Cancer Incidence (Per 100,000 Population)



The KFH-Fontana/Ontario Medical Center Service Areas have higher incidence rates of colon and rectum cancer compared to the S CA MCA and state.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

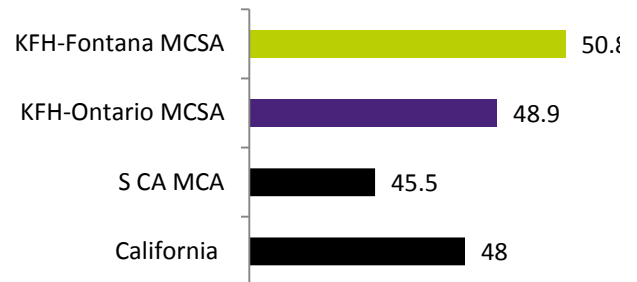
#### Breast Cancer Incidence (Per 100,000 Population)



The KFH-Fontana/Ontario Medical Center Service Areas have lower breast cancer incidence rates per compared to the S CA MCA and state.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

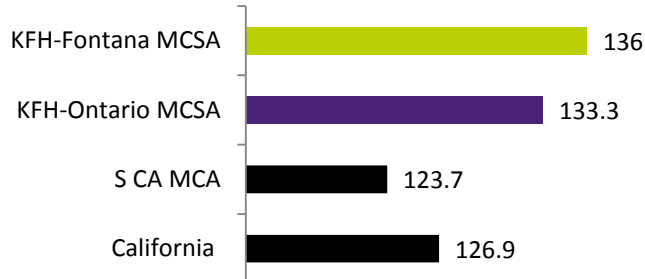
#### Lung Cancer Incidence (Per 100,000 Population)



The KFH-Fontana/Ontario Medical Center Service Areas have slightly higher lung cancer incidence rates per compared to the S CA MCA and state.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

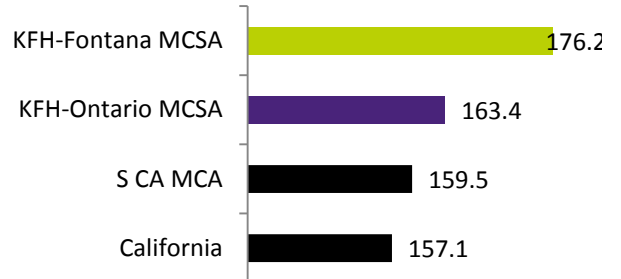
**Prostate Cancer Incidence  
(Per 100,000 Population)**



The KFH-Fontana/Ontario Medical Center Service Areas have lower prostate cancer incidence rates compared to the S CA MCA and state.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

**Cancer Mortality  
(Age-Adjusted Death Rate Per 100,000 Population)**



The KFH-Fontana/Ontario Medical Center Service Areas have higher overall cancer mortality rates compared to the S CA MCA and state.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

## Health Disparities



Blacks and Non-Hispanic Whites have higher rates of cancer mortality in the KFH-Fontana/Ontario Medical Center Service Areas, the S CA MCA and state.

**Cancer Mortality, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian	Native American/Alaskan Native	Native Hawaiian/Pacific Islander	Multiple Race	Hispanic or Latino
KFH-Fontana MCSA	193.9	213.7	107.5	118.9	184.0	72.4	120.0
KFH-Ontario MCSA	190.2	213.9	101.9	120.9	185.8	68.4	117.1
S CA MCA	170.8	208.6	91.6	121.5	207.8	66.5	108.9
California	170.8	208.2	93.0	119.8	192.4	73.0	108.4

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

Hispanics or Latinos have a higher rate of cervical cancer incidence rates in the KFH-Fontana/Ontario Medical Center Service Areas when compared to other races/ ethnicities.

**Cervical Cancer Incidence, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian/Pacific Islander	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	9.7	8.2	5.9	10.6
<b>KFH-Ontario MCSA</b>	9.6	8.3	6.4	10.7
<b>S CA MCA</b>	8.4	8.3	7.2	10.1

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

Blacks have higher colon and rectum cancer incidence rates in the KFH-Fontana/Ontario Medical Center Service Areas. A similar trend is seen at the S CA MCA level.

**Colon and Rectum Cancer Incidence, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian/Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	44.1	51.3	33.0	16.9	36.6
<b>KFH-Ontario MCSA</b>	43.3	52.0	35.5	15.5	36.0
<b>S CA MCA</b>	39.4	52.5	36.9	13.4	33.9

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

Black males in the KFH-Fontana/Ontario Medical Center Service Areas have the highest incidence rate of prostate cancer. A similar trend is seen at the S CA MCA level.

**Prostate Cancer Incidence, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian/Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	126.6	198.2	71.6	44.7	114.6
<b>KFH-Ontario MCSA</b>	124.2	196.4	69.2	41.6	113.0
<b>S CA MCA</b>	117.1	189.1	63.6	31.9	108.8

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

Non-Hispanic Whites and Blacks in the KFH-Fontana/Ontario Medical Center Service Areas have higher lung cancer incidence rates than other race/ethnicities. A similar trend is seen in the S CA MCA.

**Lung Cancer Incidence, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian/Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	52.8	54.4	30.1	16.8	27.1
<b>KFH-Ontario MCSA</b>	50.6	55.3	31.8	7.7	26.2
<b>S CA MCA</b>	46.4	57.1	35.2	11.3	25.2

National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.

## Community Description of Disparities

Community leaders recognized the connection between access to care, economics and cancer mortality rates. The **poor, uninsured, immigrants, Spanish speakers** and those with **substance abuse issues** were seen as disproportionately affected by Cancers. These groups are least likely to seek preventative medical care, are unlikely to receive regular screening so that Cancers can be identified before progressing to advanced stages. Geographically, those in the **Desert and Mountain regions** of the KFH-Fontana Medical Center Service Area are believed to be at higher risk due to the difficulty of accessing care due to transportation issues. The poor were seen as having less access to fresh fruits and vegetables and less availability to safe public spaces to exercise putting them at additional risk for developing Cancer.

## Key Health Drivers



### Clinical Care

**Breast Cancer Screening.** This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. The KFH-Fontana/Ontario Medical Center Service Areas have lower mammogram rates compared to the S CA MCA and state.

#### Percent Female Medicare Enrollees with Mammogram in Past 2 Year

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
51.3%	51.9%	56.3%	59.3%

Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

**Cervical Cancer Screening.** This indicator reports the percentage of women age 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. The KFH-Fontana/Ontario Medical Center Service Areas have lower rates of Pap tests compared to the S CA MCA and state.

#### Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
76.1%	76.8%	79.0%	78.3%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

**Colon Cancer Screening.** This indicator reports the percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. The KFH-Fontana/Ontario Medical Center Service Areas have lower colon cancer screening rates compared to the S CA MCA and state.

#### Percent Adults Screened for Colon Cancer (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
52.0%	52.4%	55.6%	57.9%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

## Assets and Opportunities



### Community Description of the Health Need

Improving transportation and increasing the number of providers who accept Medi-Cal would go a long way to helping individuals receive regular check-ups and screenings to prevent terminal cases of Cancer and other diseases. People must also be encouraged to make healthy lifestyle choices, such as not smoking, eating healthy foods and getting regular exercise.

### Resources

Community stakeholders identified the following key initiatives, programs and agencies as important resources for potentially addressing this health need:

**Healthy Cities and Communities:** Nearly all communities within the KFH-Fontana/Ontario Medical Center Service Areas have Healthy Cities and Communities initiatives. These community-based initiatives are focused on improving the overall health and wellbeing of residents. These efforts focus on the unique needs of each community—for example, walking clubs, farmer's markets, healthy vending machine policies, breastfeeding policies are among some of the programs and policies enacted by Healthy Cities and Communities.

**Parks and Recreation Departments:** Communities provide safe spaces for physical activity and group classes, normally offered on a sliding fee scale to support exercise.

**Ontario-Montclar School District** offers a medical van to assist with transportation to medical appointments.

**El Sol Community Health Workers** provide health and mental health education and outreach in the communities where they live. Their work is focused on prevention and early identification of health needs. Community Health Workers help residents connect to health insurance, learn to use their insurance and navigate healthcare systems and connect to providers.

Icons from [The Noun Project](https://thenounproject.com/)

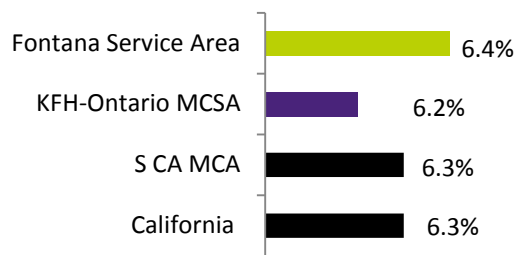
## Cardiovascular Disease and Stroke

**Description and Significance:** Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone (Healthy People 2020). In California, cardiovascular disease and stroke were the first and third leading causes of death, respectively (California's Leading Causes of Death, 2013).

### Health Outcome Statistics



#### Heart Disease Prevalence

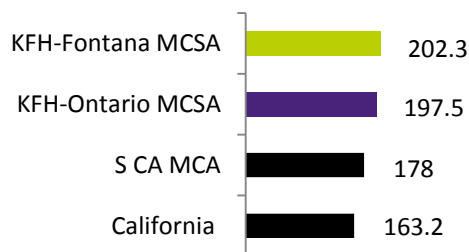


The heart disease prevalence in the KFH-Fontana/Ontario Medical Center Service Areas is comparable to the Southern California (6.2%) and California (6.3%) rates.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012.

#### Ischemic Heart Disease Mortality

Age-Adjusted Death Rate per 100,000 Population

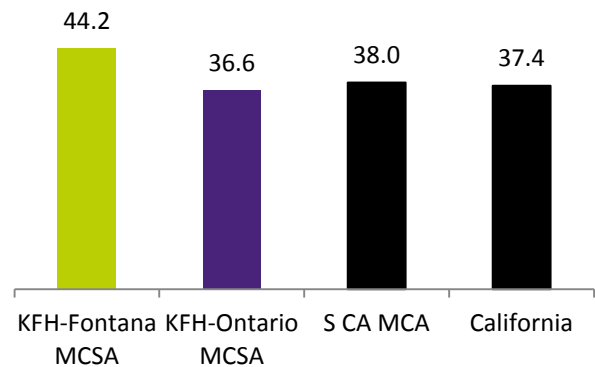


The Age-Adjusted Death Rate per 100,000 population in the KFH-Fontana/Ontario Medical Center Service Areas is higher than those for the S CA MCA and the state.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

#### Stroke Mortality

Age-Adjusted Death Rate per 100,000 Population



The chart above reflects the stroke mortality rate (Age-Adjusted Death Rate per 100,000 Pop.) KFH-Fontana Medical Center Service Area has a slightly higher stroke mortality rate compared to the KFH-Ontario Medical Center Service Area, S CA MCA and California.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

## Health Disparities



In the KFH-Fontana/Ontario Medical Center Service Areas, Non-Hispanic Whites and Blacks have higher Age-Adjusted Ischemic Heart Disease mortality rates compared to S CA MCA and the state. In the KFH-Fontana/Ontario Medical Center Service Areas, Non-Hispanic Whites have a higher prevalence of heart disease compared to Blacks, Hispanic or Latinos.

**Mortality Ischemic Heart Disease Mortality  
(Age-Adjusted Rate per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian	Native American/Alaskan Native	Native Hawaiian/Pacific Islander	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	230.2	268.9	84.3	130.3	244.9	105.6	128.3
<b>KFH-Ontario MCSA</b>	225.1	268.5	85.0	125.6	252.1	96.6	126.1
<b>S CA MCA</b>	186.5	252.5	97.7	112.4	262.8	76.5	117.3
<b>California</b>	175.3	238.7	104.9	104.8	253.1	76.2	113.9

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

### Community Description of Disparities

Community leaders identified those living in low income households as disproportionately impacted by cardiovascular disease and stroke relative to other groups. The connection between poverty, lack of access to healthy foods and low levels of physical activity are seen as drivers of these disparities.

## Key Health Drivers



Physical inactivity, obesity, diabetes, high blood pressures, and tobacco use are key factors that influence cardiovascular health.

	KFH-Ontario MCSA	KFH-Fontana MCSA	S CA MCA	California
<b>Adult Physical Inactivity</b>	18.5%	18.8%	17%	16.6%
<b>Adult Obesity</b>	26.8%	28.2%	21.8%	22.3%
<b>Diabetes Prevalence</b>	9.2%	9.5%	8.2%	8.1%
<b>High Blood Pressure- Unmanaged</b>	30.4%	29.9%	31.7%	30.3%
<b>Tobacco Usage</b>	15%	15.7%	12.6%	12.8%

Sources: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County; US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



## Assets and Opportunities



### Community Description of the Health Need

Healthy lifestyle and access to a regular source of health care are necessary to prevent cardiovascular disease and stroke. Low income individuals are less likely to receive regular medical care, especially preventative care than groups with more economic resources. They are also less likely to have access to healthy food and are more likely to live under high levels of stress due to the day-to-day challenges of poverty, all of which can contribute to incidence of cardiovascular disease/stroke.

### Resources

Community stakeholders identified the following resources as important for potentially addressing cardiovascular disease and stroke:

- Cal Fresh/SNAP
- Community Gardens
- Community Support Agriculture (CSA)
- El Sol Neighborhood Educational Center
- Employee wellness programs
- Farmer's Markets
- Healthy Cities and Communities
- Pacific Electric Trail
- Parks and Recreation Departments
- Santa Ana River Trails
- School nutrition programs
- YMCA

### Policy, Planning, and Collaboration

**Community Vital Signs:** This countywide collaborative is bringing together leaders from all sectors to take on issues of health and its social determinants. Obesity, access to healthy food and creating environments that support physical activity are all key strategies that are being addressed through this effort.

**Healthy Cities and Communities:** Nearly all communities and cities within the KFH-Fontana/Ontario Medical Center Service Areas are part of this initiative designed to improve health and wellness. Different communities use different approaches to improve health, including programs and services like Farmer's Markets, walking clubs, health screenings and development of policy, such as healthy vending machines and location support.

**El Sol Neighborhood Educational Centers:** El Sol uses community health workers to provide information and education to community members about healthy lifestyles and well-being.

Icons from [The Noun Project](https://thenounproject.com/)

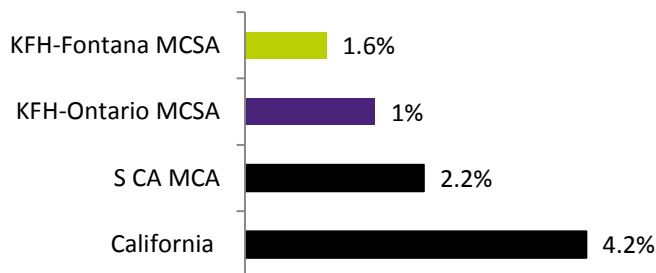
## Health and Climate

**Description and Significance:** Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment (County Health Rankings). Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease (Air and Water Quality, 2016).

### Health Driver Statistics



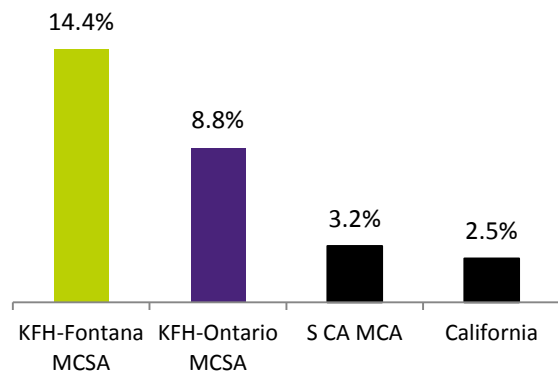
#### Percentage of Air Quality Particulate Matter 2.5



This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year. The KFH-Fontana/Ontario Medical Center Service Areas have a lower percentage of days with particulate matter 2.5 levels about the standard compared to the S CA MCA and state.

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.

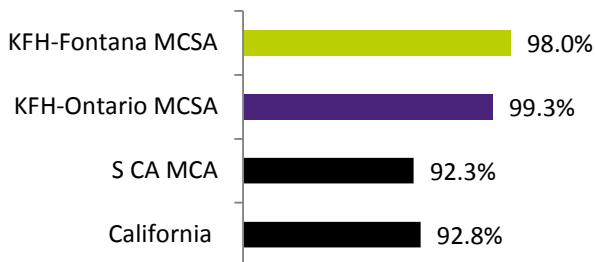
#### Air Quality Ozone (O<sub>3</sub>)



This indicator reports the percentage of days per year with Ozone (O<sub>3</sub>) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Both Fontana and KFH-Ontario Medical Center Service Areas have a higher percentage of days with Ozone levels above the standard compared to the S CA MCA and state.

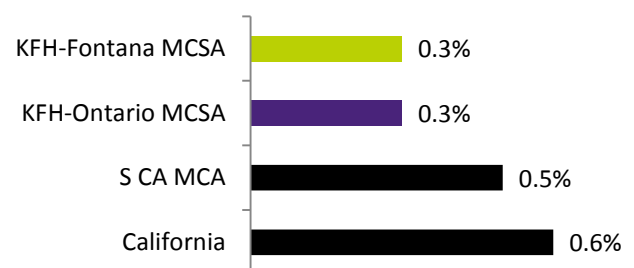
Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.

#### Drought Severity (Percent of Week in Drought)



The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of weeks in drought compared to

#### Percentage of High Heat Index Days



The KFH-Fontana/Ontario Medical Center Service Areas have a slightly lower percentage of

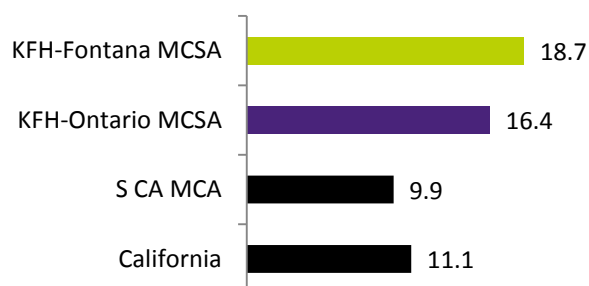
the S CA MCA and state.

Source: US Drought Monitor, 2012-2014.

high heat index days compared to the S CA MCA and state.

Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.

### Heat Stress Events (per 100,000 of the population)



This indicator reports the number and rate of heat-stress related emergency department visits in California. The KFH-Fontana/Ontario Medical Center Service Areas have a higher rate of heat-stress related emergency department visits compared to the S CA MCA and state.

Source: California Department of Public Health, CDPH - Tracking. 2005-12.

**Housing Units with No Air Conditioning.** This indicator reports the percentage of occupied households with access to air conditioning. All units with either central air and/or one or more window units are included. This indicator is relevant because access to air conditioning is a protective intervention against heat-related health impacts of climate change (e.g. increasing global temperatures and heat waves), especially among vulnerable populations. The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of the population who has access to air conditioning compared to the S CA MCA and state.

### Percentage of Housing Units with No Air Conditioning

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
6.2%	11.5%	28.5%	33.8%

Source: US Census Bureau, American Housing Survey. 2011, 2013.

**Canopy Cover.** This indicator reports the percentage of the report area that is covered by tree canopy. Indicator data is based on the 2011 National Land Cover Dataset. This indicator is relevant because tree canopy coverage is a community protective and resiliency factor against the health impacts of climate change. Tree canopy coverage is an indicator of community protection from airborne particulates, smog, greenhouse gases from our atmosphere, lower ambient temperatures, and noise pollution. Tree canopy coverage may also indicate access to safe green spaces and parks, which are associated with individual and community engagement in physical activity. The KFH-Fontana/Ontario Medical Center Service Areas have a smaller percentage of area covered by tree canopy compared to the state.

### Percentage of Report Area Covered by Tree Canopy

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
9.3%	5.6%	7.4%	15.1%

Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES.

## Disparities

### Community Description of Disparities

According to community members, individuals living in the **Mountains and High Desert** areas of the KFH-Fontana Medical Center Service Area face more health-related challenges due to climate. **Mountain regions** receive snow and low winter temperatures that can require adequate clothing. Snowy roads can also result in social isolation and cut off access to health care. Extreme heat in the **High Desert** can lead to dehydration and sunstroke. Low income individuals (especially seniors on fixed incomes), who may not be able to afford air conditioning, are at special risk of poor health in the hot summer months.

## Assets and Opportunities



### Community Description of the Health Need

Low income households need assistance with heat and cooling bills to maintain safe living conditions.

### Resources

Community stakeholders identified the following community based organizations, programs, etc. as potential important community resources for climate and health:

### Programs

**HEAP Utility Assistance:** Home Energy Assistance Program provides utility credits for low-income households.

**Home Weatherization Program:** Households that meet income eligibility guidelines can receive low/no cost assistance to weatherize their homes. This can include insulation, window or door replacement,

Icons from [The Noun Project](#)

## Economic Security

**Description and Significance:** Economic security includes factors that can impact the overall ability of families or individuals to be healthy such as income, neighborhood environment and access to resources. Many of these factors are social determinants of health which affect a person's ability to live in a healthy and safe environment and to access health resources within the community. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative health damage. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high income counterparts (CDC, Social Determinants of Health).

Unemployment remains higher in the KFH-Fontana/Ontario Medical Center Service Areas compared to the S CA MCA and the state. Residents in the KFH-Fontana Medical Center Service Area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200% of the FPL than residents in the KFH-Ontario Medical Center Service Area, the S CA MCA and the state.

### Health Driver Statistics



#### Unemployment Rate (Per 100,000 Population)

<b>KFH-Fontana MCSA</b>	<b>6.9</b>
<b>KFH-Ontario MCSA</b>	<b>7.0</b>
<b>S CA MCA</b>	<b>6.7</b>
<b>California</b>	<b>6.8</b>

KFH-Ontario Medical Center Service Area has a slightly higher unemployment rate compared to the KFH-Fontana Medical Center Service Area, S CA MCA and state.

Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December.

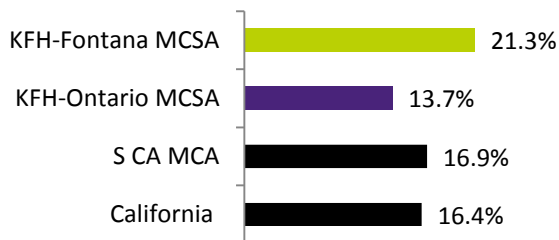
#### Income Inequality

<b>San Bernardino County</b>	<b>0.44</b>
<b>California</b>	<b>0.48</b>

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income. San Bernardino County has a slightly lower Gini coefficient than the state.

Source: US Census Bureau, American Community Survey. 2010-14

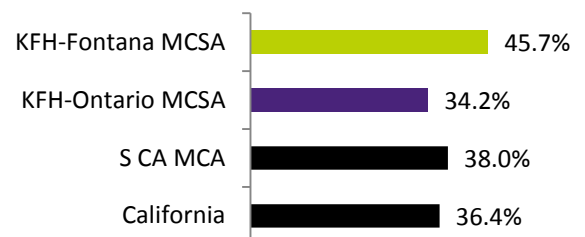
#### Individuals below the 100% Federal Poverty Level



KFH-Fontana Medical Center Service Area has a higher percentage of the population living in households with income below the Federal Poverty Level.

US Census Bureau, American Community Survey. 2010-14.

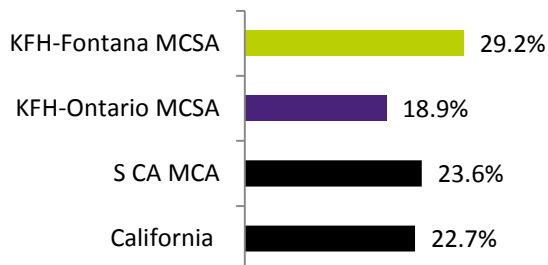
#### Individuals below the 200% Federal Poverty Level



KFH-Fontana Medical Center Service Area has a higher percentage of the population living in households with income below 200% of the Federal Poverty Level.

Source: US Census Bureau, American Community Survey. 2010-14

### Children below the 100% Federal Poverty Level



This indicator reports the percentage of children age 0-17 living in households with income below the Federal Poverty Level. A higher percentage of children age 0-17 in the KFH-Fontana Medical Center Service Area live in households at or below the Federal Poverty Level.

Source: US Census Bureau, American Community Survey. 2010-14

**Free and Reduced Priced Lunch.** This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

KFH-Fontana Medical Center Service Area has a higher percentage of children eligible for free/reduced price lunch compared to the KFH-Ontario Medical Center Service Area, the S CA MCA and state.

#### Percent of Children Eligible for Free/Reduced Price Lunch

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
74.0%	57.9%	57.8%	56.3%

Source: National Center for Education Statistics, NCES - Common Core of Data. 2013-14.

**SNAP.** This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2010 and July 2011. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of the population receiving SNAP benefits compared to the S CA MCA and state.

#### Percent of Population Receiving SNAP Benefits

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
16.5%	15.5%	10.4%	10.6%

Source: US Census Bureau, Small Area Income and Poverty Estimates. 2011.

**High School Graduation.** This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health. The KFH-Ontario Medical Center Service Area has a higher graduation rate compared to the KFH-Fontana Medical Center Service Area, S CA MCA and state.

### Cohort Graduation Rate

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
80.1	87.7	82.6	80.4

Source: California Department of Education, 2013.

**Student Reading Proficiency.** This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. Although more recent data suggest lower reading proficiency, these data are still in pilot stages. Therefore, we elected to use older data sources. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education. A higher percentage of students in the KFH-Fontana/Ontario Medical Center Service Areas are reading below proficiency compared to the S CA MCA and state.

### Percent of Grade 4 Students Reading Below Proficiency

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
14.7%	15.8%	11.0%	10.4%

Source: US Census Bureau, American Community Survey. 2010-14.



## Physical Environment

**Assisted Housing.** This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households). This indicator is relevant because access to affordable housing can impact an individuals' level of economic security, and contribute towards an individual's ability to financially access nutritious foods and health care. Access to affordable housing can also contribute towards reducing stress, improving mental health, and achieving better overall health outcomes. The KFH-Fontana/Ontario Medical Center Service Areas have lower rates of HUD-funded assisted housing units available eligible to renters compared to the S CA MCA and state.

### Rate of Assisted Households (per 10,000 households)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
229.7	271.3	345.4	368.3

Source: US Department of Housing and Urban Development. 2013.

**Substandard Housing.** This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. The KFH-Fontana/Ontario Medical Center Service Areas have a slightly higher percentage of substandard households compared to the state.

### Percentage of Substandard Households

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
48.6%	49.2%	50.4%	47.5%

Source: US Census Bureau, American Community Survey. 2010-14.

**Cost Burdened Housing.** This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as health care, child care, healthy food purchasing, and transportation costs. KFH-Ontario Medical Center Service Area has a higher percentage of households where housing costs exceed 30% of income compared to the state.

#### Percentage of Households where Housing Costs Exceed 30% of Income

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
45.2%	46.9%	47.3%	45.0%

Source: US Census Bureau, American Community Survey. 2010-14.

## Health Disparities



Native American / Alaskan Natives, Blacks and Hispanic/Latinos have higher rates of living under the 100% Federal Poverty Line in the KFH-Fontana Medical Center Service Area, for the S CA MCA, and statewide.

#### Population Under the 100% FPL (Per 100,000 Population) by Race/Ethnicity

	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race	Hispanic/Latino
<b>KFH-Fontana MCSA</b>	19.3%	29.1%	27.0%	14.6%	16.1%	27.1%	18.8%	25.5%
<b>KFH-Ontario MCSA</b>	12.7%	15.2%	14.0%	9.8%	15.4%	20.2%	11.7%	17.6%
<b>S CA MCA</b>	15.0%	23.8%	22.3%	12.0%	16.9%	25.5%	15.2%	22.9%
<b>California</b>	14.7%	24.8%	24.2%	12.0%	16.9%	25.3%	16.0%	23.1%

Source: US Census Bureau, American Community Survey. 2010-14.

Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide.

#### High School Graduation Rate (Per 100,000 Population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Non-Hispanic Other Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	87.7	76.1	88.9	75.2	82.1
<b>KFH-Ontario MCSA</b>	93.9	85.4	96.4	94.0	83.9
<b>S CA MCA</b>	91.6	77.3	94.2	89.0	80.3
<b>California</b>	87.7	68.1	91.2	85.7	75.7

California Department of Education, 2013.



This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. In the KFH-Fontana Medical Center Service Area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4<sup>th</sup> graders with "non- proficient" reading levels. Similar trends are seen at the S CA MCA and state level. In the KFH-Ontario Medical Center Service Area, Hispanic or Latinos and Blacks have the highest percentage of 4<sup>th</sup> graders with "non-proficient" reading levels.

**Student Reading Scores "Not Proficient" or Worse, by Race/Ethnicity**

	Non-Hispanic White	Black	Asian	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	28.5%	50.4%	22.9%	57.2%	50.0%	46.3%
<b>KFH-Ontario MCSA</b>	17.9%	36.0%	10.7%	18.2%	25.0%	40.6%
<b>S CA MCA</b>	17.5%	45.1%	12.8%	40.9%	37.7%	44.2%
<b>California</b>	21.0%	47.0%	16.0%	45.0%	38.0%	46.0%

Source: California, Department of Education, 2012-13.

## Community Description of Disparities

Economic instability affects those adult with **low educational attainment** the most since those adults struggle to access jobs that pay a living wage. **Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans** are seen as disproportionately impacted by poverty in these service areas due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The **homeless, veterans and people diagnosed with mental illness** are highly more likely to live in poverty than other groups of people.

While low income households can be found across both the KFH-Fontana/Ontario Medical Center Service Areas, the highest concentrations of poverty can be found in **High Desert, the Rim communities, Adelanto, and central San Bernardino**, due to low educational attainment and lack of jobs. Distance from major urban centers prohibits commuting to find better jobs or results in long (as much as three hours each way) commutes that impact quality of life.

## Assets and Opportunities



### Community Description of the Health Need

To community leaders, the connection between economic factors and health outcomes is clear. In the long run, health needs cannot be adequately addressed without also addressing the need for access to well-paying jobs. Educational attainment and high quality job training will increase access to economic resources which will ultimately positively impact health.

+ "Our perspective is that job creation is the key to the financial success and stability of this region.

We all put that educational attainment level in front of us because it keeps us from being able to participate in the innovation economy—because we don't have people with bachelor's degrees, let alone the graduate degrees that companies in Silicon Valley are looking for. We are at a disadvantage to begin with.”

- + “What is the biggest need is access to [better paying] jobs. We’ve be relegated to the logistics and warehouse, middle collar [jobs]. We need to shift that.”

## Resources

Community stakeholders identified the following organizations, programs and initiatives as important community resources for potentially addressing economic security:

- Cal Fresh/SNAP
- California State University, San Bernardino
- County Superintendent of Schools, African American Task Force
- Department of Public Social Services
- Hope Through Housing Foundation
- Housing Authority
- Jobs in the logistics and warehouse industry, including Amazon, Walmart
- Mercy House
- San Bernardino Valley College
- Transitional Assistance Department
- University of California, Riverside School of Medicine
- Victor Community Support Services

## Programs

**United Way 211:** Hotline that connects people to resources and services.

**El Sol Neighborhood Educational Centers:** Family strengthening and case management services

**Foothill AIDS Project:** Housing services for individuals with HIV/AIDS

**Inland Empire Community Collaborative:** A coalition of service providers that include health, family strengthening, mental health, job training and employment services. While member agencies are located throughout the San Bernardino and Riverside County areas, their services are especially important in the Mountain communities where resources are limited.

**Family Resource Centers:** A number of agencies provide case management services for low-income families, such as Victor Community Support Services, Reach Out, RIM Family Services, Ontario/Montclair School District and Hearts & Lives. These centers connect families to resources to meet acute needs and have case management services to help meet longer term needs, such as education (GED, college entry), ESL classes and connections to job training.

## Policy, Planning, and Collaboration

**The Inland Empire Economic Partnership:** This coalition of business and government leaders is dedicated to bringing jobs, economic opportunities and a better quality of life to the residents of San Bernardino and Riverside counties. The Inland Empire Economic Partnership is the Inland Empire's largest economic development agency, founded more than 30 years ago as a means to enhance the economic climate of the region and grow job creation in Riverside and San Bernardino counties. IEEP is focused on improving the overall quality of life in the Inland Empire by raising the standard of living, by improving education, transportation, health care and communication in the area, and by giving the region a unified voice across California.

Icons from [The Noun Project](#)

## HIV/AIDS/Sexually Transmitted Infections

**Description and Significance:** Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact and include diseases such as HIV, Chlamydia and Syphilis. In 2014, the national rate of chlamydial infections was 456.1 per 100,000 population (National Center for Health Statistics). More than 1.2 million people in the United States are living with HIV infection (National Center for Health Statistics). STIs can affect immediate and long-term health as well as the economic and social well-being of individuals, families, and communities (County Health Rankings).

### Health Outcome Statistics



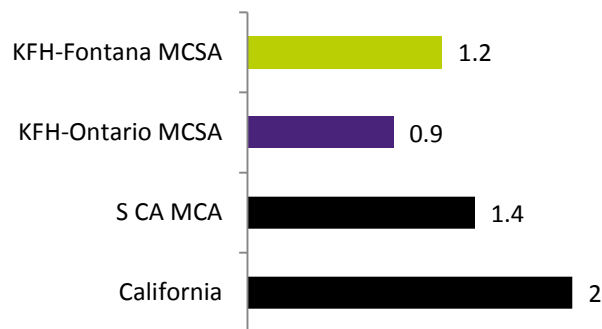
#### HIV Prevalence (Per 100,000 Population)

<b>KFH-Fontana MCSA</b>	<b>205.3</b>
<b>KFH-Ontario MCSA</b>	<b>264.9</b>
<b>S CA MCA</b>	<b>395.2</b>
<b>California</b>	<b>363.0</b>

The KFH-Fontana/Ontario Medical Center Service Areas have lower HIV prevalence rates compared to the S CA MCA and state.

*Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2010.*

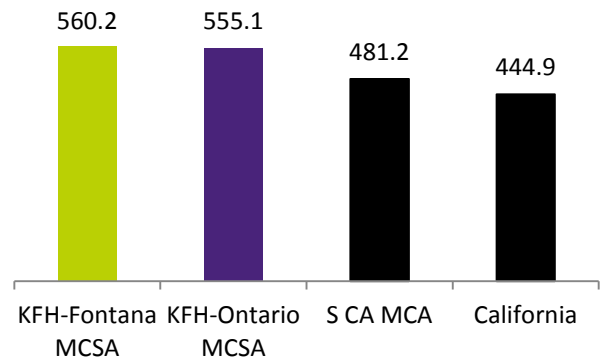
#### HIV Hospitalizations (Age-Adjusted Discharge Rate Per 10,000 Pop.)



The KFH-Fontana/Ontario Medical Center Service Areas have slightly lower HIV hospitalizations compared to the S CA MCA and state.

*California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.*

#### Chlamydia Incidence (Per 100,000 Population)



The KFH-Fontana/Ontario Medical Center Service Areas have higher chlamydia incidence rates compared to the S CA MCA and state.

*Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2012.*

## Health Disparities



Blacks have higher rates of HIV Prevalence in the KFH-Fontana/Ontario Medical Center Service Area, for the S CA MCA, and statewide.

**HIV Prevalence, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Hispanic or Latino
KFH-Fontana MCSA	203.1	615.7	158.0
KFH-Ontario MCSA	262.9	740.0	217.5
S CA MCA	419.3	1,060.5	367.9
California	381.6	1,107.9	329.8

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

### Community Description of Disparities

Community stakeholders reported that HIV/AIDS is a neglected issue in San Bernardino County that disproportionately impacts **intravenous drug users and youth**, especially among the **LGBTQ community**. The *High Desert* region of the KFH-Fontana Medical Center Service Area has high levels of IV drug use putting individuals living there at higher risk for HIV/AIDS. There is also concern about the potential prevalence of HIV/AIDS among the **homeless** population.

Geographically, there is a paucity of resources for HIV/AIDs in the Mountain regions of the KFH-Fontana Medical Center Service Area.

## Key Health Drivers



### Health Behaviors

**No HIV Screening.** This indicator reports the percentage of adult's age 18-70 who self-reports that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Slightly higher percentages of adults in the KFH-Fontana/Ontario Medical Center Service Areas have never been screened for HIV compared to the S CA MCA and state.

### Percentage of Adults 18-70 Never Screened for HIV

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
62.1%	61.1%	59.5%	60.8%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

## Assets and Opportunities



### Community Description of the Health Need

HIV/AIDS is perceived as a health need among IV drug users, youth, homeless and members of the LGBTQ community. Sexually Transmitted Infections are of special concern among young adults and those with substance abuse issues.

### Resources

Community stakeholders identified the following community based agencies and programs as important resources for potentially addressing this need.

- San Bernardino County Department of Public Health
- Foothill AIDS Project

### Programs

**San Bernardino County Needle Exchange Program:** Community leaders mentioned needle exchange programs in the County to help prevent the spread of HIV/AIDs and hepatitis C by IV drug users.

**Foothill AIDS Project:** This agency provides HIV testing, case management, mental health and substance abuse services for individuals diagnosed with HIV/AIDS. Other services include prevention education and outreach, housing assistance and transportation.

**AIDS Healthcare Foundation:** This worldwide organization offers HIV and STI testing, outreach and education and treatment assistance to individuals diagnosed with HIV/AIDS.

**San Bernardino County Department of Public Health:** Offers HIV/AIDS testing , medication assistance,STI testing and prevention education. They also administer the Ryan White Program, a federally funded program that provides resources to local community based organizations to support treatment and improve quality of life for low-income individuals with diagnoses of HIV/AIDS.

Icons from [The Noun Project](http://thenounproject.com)

## Maternal and Infant Health

**Description and Significance:** Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (Healthy People 2020). In the United States in 2014, 8% of babies were born with low birthweight; infant mortality was 596.1 deaths per 100,000 live births; and the birth rate for mothers age 15-19 years was 24.2 live births per 1,000 women (National Center for Health Statistics).

### Health Outcome Statistics



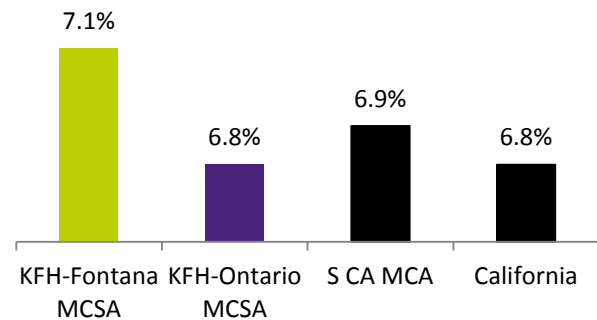
#### Infant Mortality Rate (Per 1,000 live births)

KFH-Fontana MCSA	6.2
KFH-Ontario MCSA	6.0
S CA MCA	5.1
California	5.0

The KFH-Fontana/Ontario Medical Center Service Areas have slightly higher infant mortality rates compared to the S CA MCA and state.

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.

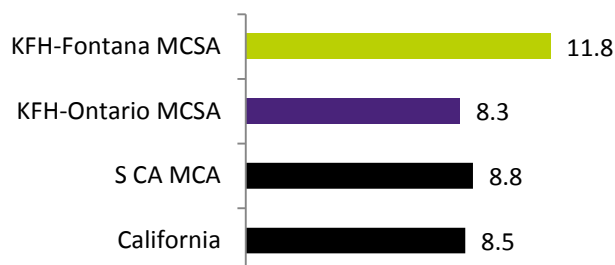
#### Low Birth Weight



KFH-Fontana Medical Center Service Area has a higher rate of low birth weight babies compared to the KFH-Ontario Medical Center Service Area, S CA MCA and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.

#### Teen Births (per rate of 100,000 women of reproductive age)



KFH-Fontana Medical Center Service Area has a higher percentage of teen births compared to the S CA MCA and state. KFH-Ontario Medical Center Service Area has a lower percentage of teen births compared to the S CA MCA and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.

## Health Disparities

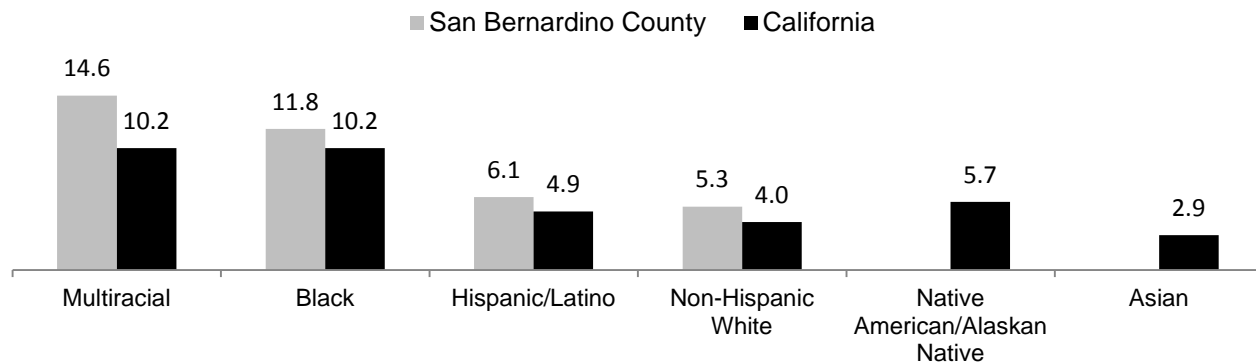


Non-Hispanic Whites and Non-Hispanic Multiple Race women have higher rates of exclusively breastfeeding in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide. Blacks and Asians have the lowest rates of exclusive breast feeding in the KFH-Fontana/Ontario Medical Center Service Areas.

Mothers who Exclusively Breastfeed							
	Non-Hispanic White	Black	Asian	Native American / Alaskan Native	Non-Hispanic other race	Non-Hispanic Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	69.9%	45.8%	51.1%	48.1%	52.8%	63.7%	58.1%
<b>KFH-Ontario MCSA</b>	70.5%	45.5%	48.7%	48.5%	54.4%	64.5%	56.7%
<b>S CA MCA</b>	76.7%	48.1%	50.5%	60.6%	62.4%	72.5%	55.9%
<b>California</b>	79.4%	53.8%	59.4%	65.9%	61.2%	73.6%	58.6%

Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.

### Infant Mortality (rate per 1,000 Births) by Race/Ethnicity



Source As cited on kidsdata.org, California Dept. of Public Health, Death Statistical Master Files; CDC, Linked Birth / Infant Death Records on WONDER (Apr. 2015).

There are notable racial and ethnic disparities in regards to infant mortality in California and San Bernardino County. The rate of deaths per 1,000 births among Black women is twice that of non-Hispanic White mothers and Hispanic mothers. Multiracial mothers experience nearly three times the infant mortality rate of non-Hispanic Whites and more than double-that of Hispanic/Latina mothers. Comparison data was not available for Asian and Native American/Alaskan Natives due to low frequencies of occurrence at the county level; data for this indicator was not available broken down by service area.



## Community Description of Disparities

Access to all health care, including prenatal care, is challenging to those in **low income households**, **the uninsured**, and **undocumented immigrants**. There are a limited number of obstetricians in the **Mountains region** of the KFH-Fontana Medical Center Service Area and only one facility for labor and delivery. Getting access to regular care, especially for high-risk or complicated pregnancies can be challenging due to distance and weather. These factors increase the incidence of preterm births and poor health outcomes for mothers and their infants.

## Key Health Drivers



### Health Behaviors

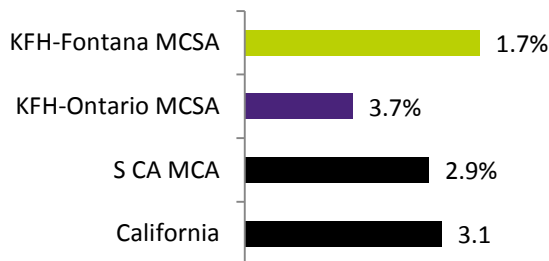
**Breastfeeding.** This indicator reports the percentage of mothers who exclusively breastfeed their infants during their post-partum hospital stay. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates. A lower percentage of mothers in the KFH-Fontana/Ontario Medical Center Service Areas breastfed compared to the S CA MCA and state.

#### Mothers who Breastfeed

	KFH-Fontana Medical Center Service Area	KFH-Ontario Medical Center Service Area	S CA MCA	California
Exclusively breastfeeding	59.4%	58.3%	60.3%	64.8%
Any breastfeeding	88.6%	89.3%	92.7%	93.0%

Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.

#### Lack of Prenatal Care



KFH-Fontana Medical Center Service Area has a higher percentage of pregnant mothers with late or no prenatal care compared to the S CA MCA and state. KFH-Ontario Medical Center Service Area has a lower percentage of pregnant mothers with late or no prenatal care compared to the S CA MCA and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011

## Assets and Opportunities



### Community Description of the Health Need

Access to prenatal and preconception care is critical to health and well-being of women and their children. Access to care for pregnant women and young children can be challenging for low income households. Transportation can pose a challenge to receiving



care in some communities in the KFH-Fontana Medical Center Service Area. While there are a good number of resources for pregnant women in the KFH-Ontario Medical Center Service Area, education and outreach is required to ensure women seek care early in pregnancy and are healthy before, during and after pregnancy. It is important to increase screening for postpartum depression in new mothers, which can sometimes go undetected.

### **Resources**

Community stakeholders identified the following organizations, programs and initiatives as important community resources to potentially address maternal and infant health:

- San Bernardino County Department of Public Health, Maternal, Child and Adolescent Health
- Women, Infants, and Children (WIC)

**Inland Empire Perinatal Mental Health Collaborative:** Provides support groups and mental health services to pregnant women and mothers, including resources for partners.

Icons from [The Noun Project](#)

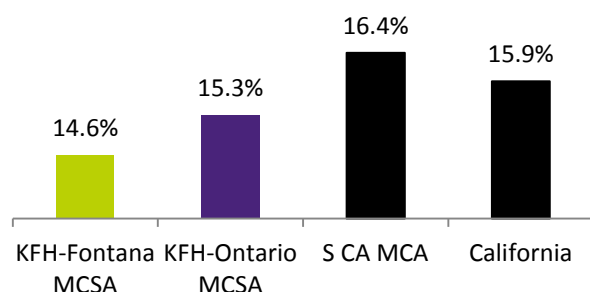
## Mental Health

**Description and Significance:** Mental health includes emotional, behavioral, and social well-being. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality (Health People 2020). In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days (National Center for Health Statistics).

### Health Outcome Statistics



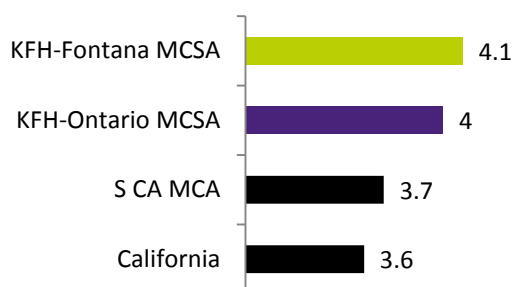
#### Percentage with Poor Mental Health



The average number of mentally unhealthy days (during past 30 days) for the Ontario and KFH-Fontana Medical Center Service Areas is slightly lower than for the S CA MCA and the state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14. Source geography: County (Grouping)

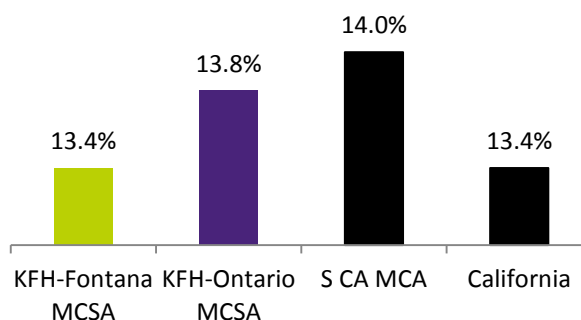
#### Poor Mental Health Days



The chart above reflects the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. Both the KFH-Fontana/Ontario Medical Center Service Areas fare worse than the S CA MCA and the state on this indicator.

Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). 2006-12. Source geography: County

#### Medicare Beneficiaries with Depression



The percentage of the Medicare fee-for-service population with depression in the KFH-Fontana/Ontario Medical Center Service Area is lower than in the S CA MCA. However it is slightly higher than the state for the KFH-Fontana Medical Center Service Area.

Source: [Centers for Medicare and Medicaid Services](#). 2012. Source geography: County

## Health Disparities



Non-Hispanic Whites and Native Hawaiian/Pacific Islanders have higher rates of suicide mortality in the KFH-Fontana/Ontario Medical Center Service Areas, for the S CA MCA, and statewide.

**Suicide Mortality, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity**

	Non-Hispanic White	Black	Asian	Native American /Alaskan Native	Native Hawaiian /Pacific Islander	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	17.6	6.5	5.3	4.8	11.9	5.7	4.9
<b>KFH-Ontario MCSA</b>	16.7	6.4	4.9	5.2	11.0	5.4	4.6
<b>S CA MCA</b>	14.2	6.4	6.1	5.7	9.2	4.5	3.7
<b>California</b>	14.8	6.4	6.8	5.9	9.7	5.8	4.0

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

### Community Description of Disparities

Community members reported that mental illness impacts the **homeless, veterans and people of color** disproportionately more than members of other groups. They note the findings of a recent comprehensive report that examined disparities in the prevalence of mental health problems and barriers to accessing services among Blacks in California as being highly relevant (Woods et al., 2012). Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) four primary areas of disparity were identified. This included: Stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

Mental health professionals pointed to the links between poverty, stress and mental health as being an important determinate in the prevalence of mental health issues in the KFH-Fontana/Ontario Medical Center Service Areas. Low educational attainment, high rates of un- and under-employment lead to poverty and subsequent stress.

- + “Because sometimes that culture of poverty leaves people with such levels of despair that they can’t see anything different than they already have.” ~Interviewee

Woods, V.D., King, N.J., Hanna, S.M., & Murray C. (2012). We Ain’t Crazy, Just Coping With A Crazy System: Pathways Into The Black Population For Eliminating Mental Health Disparities. California Reducing Disparities Project

## Key Health Drivers



**Lack of Social Support.** Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time in the KFH-Ontario Medical Center Service Area is slightly higher than in the S CA MCA or state.

### Adults Without Adequate Social/Emotional Support (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
25.8%	26.4%	25.8%	24.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

### Mental Health Care Provider Rate (Per 100,000 Population)

KFH-Fontana MCSA	94.6
KFH-Ontario MCSA	105.4
S CA MCA	133.7
California	157

There is a lower rate of mental health care providers in the KFH-Fontana/Ontario Medical Center Service Areas than in the S CA MCA and the state

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

## Assets and Opportunities



### Community Description of the Need

Community members observed that there is greater community awareness of mental health and the stigma surrounding mental health issues. Community forum participants observed an increase in mental health services. However, access to mental health services and shortage of mental health providers were seen as barriers to addressing this health need. There is growing community awareness that mental health is an underlying driver for other health needs such as homelessness and substance abuse, specifically within vulnerable populations such as the youth and the elderly. However, access to mental health services, a shortage of mental health providers, and culturally competent care were seen as barriers to addressing this health need.

- + “The stigma associated with mental health is too much. In some cultures there is a lot of stigma attached to mental health. No family wants it to be known that a member of their family has mental issues...People see it like, ‘That family is weird.’” ~Interviewee

## Resources

Community stakeholders identified the following as potential important community resources for mental health:

### **KFH-Ontario Medical Center Service Area**

- Department of Behavioral Health (DBH)
- El Sol Neighborhood Education Centers
- Inland Empire Health Plan (IEHP) Behavioral Health
- Kaiser Permanente Behavioral Health
- Mission City Community Clinics
- Molina Healthcare Behavioral Health
- National Alliance on Mental Illness (NAMI)
- Ontario/Montclair School District

### **KFH-Fontana Medical Center Service Area**

- Catholic Charities
- Cedar House Recovery Center
- DBH Crisis Clinics
- El Sol Neighborhood Education Centers
- Family Resource Centers
- Fonzell Center
- Hearts & Lives (Mountains Region)
- Inland Communities Recovery Center
- Inland Temporary Housing
- Inland Valley Recovery Services
- Lutheran Social Services
- NAMI
- RIM Family Services
- Time for Change Resource Center

## Strategies, Programs and Opportunities

**Efforts to reducing stigma:** In the **Central Region**, there has been a concerted effort to increase community awareness about mental health issues and reduce stigma in the community. Community forum participants mentioned an increase in educational commercials that contribute to reducing the perception of mental health as a taboo topic. Thus, empowering community members to seek health services to help them cope with symptoms.

**Telemedicine to reduce wait-times:** The **West End** is experiencing a lack of service providers and is currently unable to meet the mental health service demand. Consequently, some providers are utilizing telemedicine as a means of linking individuals to care in order to address the 3 month average wait time to be seen by a mental health care provider. Telemedicine services are offered in both English and Spanish. Although this is an innovate means of circumventing the mental health provider shortage, transportation to the clinic that offers this service still remains a barrier to receiving care for some individuals.

**Cedar House Life Change Center** provides in-patient substance abuse treatment for adults and a special program to meet the needs of pregnant women. Financial assistance is available for low-income individuals and through some specialized programs.

**Inland Valley Recovery Services** provides detox and recovery programs for adults and youth. Services include both residential and outpatient services. Specialized care is available for those with dual diagnoses of mental health and substance abuse issues.

**Foothill AIDS Project** provides integrated mental health and substance abuse services at their centers. Services include support groups and individual counseling. Staff are able to make referrals to more intensive treatment when required.

### Collaborations

The **RIM Community Resource Network** is a collaborative of public and community based service providers representing the Mountain Communities. The network includes organizations that provide counseling and case management and can make referrals to substance abuse treatment when necessary.

The **Inland Empire Community Collaborative (IECC)** is the result of two years of 13 non-profit agencies working together to strengthen our organizations and improve outcomes for individuals and communities throughout San Bernardino County. Each member organization in the IECC participated in a yearlong capacity building academy (CBA), including ongoing technical assistance and coaching. Each of the members has a sustainability plan which directly responds to the needs and priorities of our target audiences and local communities. Many member organizations provide mental health counseling and case management services to community members at free or low-cost.

### Community Education

The **Diocese of San Bernardino** hosts a multi-faith conference themed “Spirituality and Behavioral Health – A call to Awareness, Assessment and Advocacy.” The conference includes a number of public and private partners including Loma Linda University Medical Center; California State University, San Bernardino; Catholic Charities San Bernardino-Riverside; San Bernardino County Behavioral Health; Riverside County Behavioral Health; Christian Counseling Services, Redlands and National Alliance for Mental Illness (NAMI). The goal of the conference is to raise awareness about mental illness and treatment resources among clergy and those who work closely with them.

- + “That’s the good thing in our community right now that the mental health experts are working with spiritual leaders.” ~Interviewee

**Education:** NAMI, Tri-City, and El Sol Neighborhood Education Centers offer free mental health promotion services for community members.

Icons from [The Noun Project](#)

## Obesity/HEAL/Diabetes

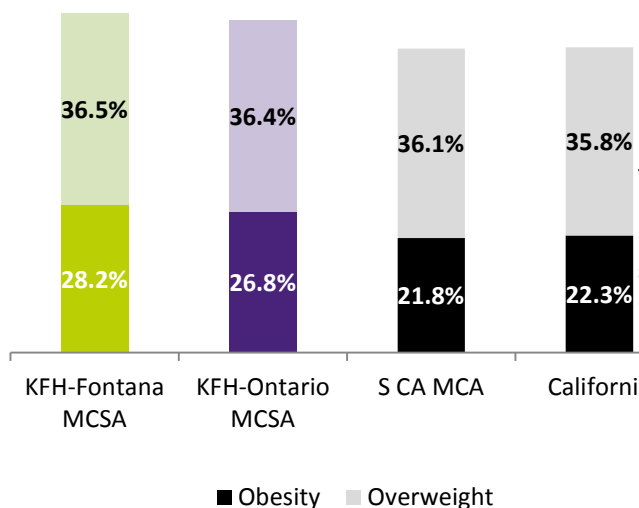
**Description and Significance:** Overweight and obesity are defined using a person’s Body Mass Index (BMI) which is a ratio of a person’s weight to height. In the United States in 2011-2014, the prevalence of obesity was just over 36% in adults and 17% in youth (National Center for Health Statistics). Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to obesity. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer (County Health Rankings). Certain indicators, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death (Healthy People 2020). In California, diabetes was the seventh leading cause of death (California's Leading Causes of Death, 2013).

## Health Outcome Statistics



### Adult Obesity and Overweight



The KFH-Fontana/Ontario Medical Center Service Areas have higher adult obesity rates compared to the S CA MCA and state. A similar percentage of adults in the service areas, the S CA MCA and state are considered overweight.

*Obesity Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.*

*Overweight Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.*

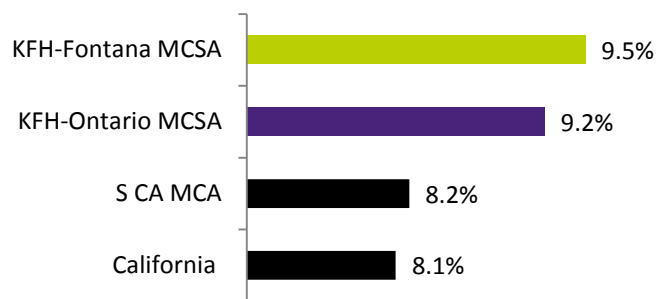
### Youth Obesity and Overweight

	Obesity	Overweight
<b>KFH-Fontana MCSA</b>	<b>22.0%</b>	<b>19.0%</b>
<b>KFH-Ontario MCSA</b>	<b>19.7%</b>	<b>18.6%</b>
<b>S CA MCA</b>	<b>19.7%</b>	<b>19.1%</b>
<b>California</b>	<b>19.0%</b>	<b>19.3%</b>

KFH-Fontana Medical Center Service Area has a higher youth obesity rate compared to KFH-Ontario Medical Center Service Area, the S CA MCA and state. KFH-Ontario Medical Center Service Area has a lower percentage of overweight youth compared to the S CA MCA and state.

*Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.*

### Diabetes Prevalence



The KFH-Fontana/Ontario Medical Center Service Areas have higher diabetes prevalence than the S CA MCA and state.

*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.*

## Health Disparities



Hispanic or Latinos have higher percentages of youth obesity in the KFH-Fontana/Ontario Medical Center Service Areas, compared to the S CA MCA, and statewide.

### Youth Obesity , Age-Adjusted by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	14.6%	19.1%	12.5%	21.7%	24.8%
<b>KFH-Ontario MCSA</b>	12.6%	16.2%	9.2%	14.9%	23.5%
<b>S CA MCA</b>	10.9%	19.4%	8.3%	13.5%	24.7%
<b>California</b>	11.5%	19.8%	9.0%	14.5%	24.4%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

Hispanic or Latinos, Blacks and Multiple races have higher percentages of youth physical inactivity in the KFH-Fontana Medical Center Service Area compared to the S CA MCA and state.

### Youth Physical Inactivity, Age-Adjusted by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	34.8%	47.4%	30.9%	44.7%	47.6%
<b>KFH-Ontario MCSA</b>	28.3%	33.1%	22.6%	28.0%	38.1%
<b>S CA MCA</b>	25.1%	42.1%	20.7%	26.9%	42.6%
<b>California</b>	27.0%	43.2%	21.4%	32.2%	42.2%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

Non-Hispanic other races have the highest percentages of children eating less than 5 servings of fruit and vegetables in the KFH-Fontana Medical Center Service Area.

### Children Eating Less Than 5 Servings of Fruits and Vegetables by Race / Ethnicity

	Non-Hispanic White	Black	Non-Hispanic Other Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	43.4%	40.0%	62.4%	48.2%
<b>KFH-Ontario MCSA</b>	45.9%	38.2%	44.0%	46.2%
<b>S CA MCA</b>	46.8%	36.8%	44.8%	46.5%
<b>California</b>	49.1%	31.2%	63.7%	46.8%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.



## Community Description of Disparities

Community leaders report that individuals living in **low-income households, seniors, African Americans and Latinos** are at greater risk for obesity and subsequently diabetes, due to poor diet and lack of physical activity. While poverty plays a role in limiting food choices, there is also the need for culturally sensitive approaches to providing education about healthy diet and food preparation. Geographically, access to fresh fruits and vegetables is more challenging in the the **Mountains and High Desert regions of the** KFH-Fontana Medical Center Service Area, especially in Joshua Tree, Yucca Valley and 29 Palms where there are few affordable grocery outlets.

## Key Health Drivers



### Health Behaviors

**Fruit and Vegetable Consumption.** This indicator reports the percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. A slightly higher percentage of adults in the KFH-Fontana/Ontario Medical Center Service Areas have inadequate fruit/vegetable consumption compared to the S CA MCA and state.

#### Adults with Inadequate Fruit / Vegetable Consumption (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
73.1%	73.0%	72.2%	71.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.

**Physical Activity.** This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. A higher percentage of adults in the KFH-Fontana/Ontario Medical Center Service Areas have no leisure time physical activity.

#### Adults with no Leisure Time Physical Activity (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
18.8%	18.5%	17.0%	16.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

**Walking, Biking, and Skating to School.** This indicator reports the percentage of children and teens who reported that they walked, biked, or skated to school in the past week (at the time of the interview). This indicator is relevant because an active commute to school is associated with

improvements in physical activity levels and obesity prevention among youth. Active transportation is also a climate change mitigation strategy. A lower percentage of children and teens in the KFH-Fontana/Ontario Medical Center Service Areas engaged in active transport to school compared to the state.

#### Children and Teens who Walked, Biked or Skated to School

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
38.3%	40.4%	38.5%	44.5%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12



## Physical Environment

**Food Environment – Fast Food Restaurants.** This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. KFH-Ontario Medical Center Service Area has a higher rate of fast food restaurants per 100,000 population than KFH-Fontana Medical Center Service Area, the S CA MCA and state.

#### Fast Food Establishment Rate per 100,000 Population

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
62.0	83.1	77.4	74.5

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.

**Park Access.** This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. KFH-Fontana Medical Center Service Area has a lower percentage of the population with a park in walking distance compared to KFH-Ontario Medical Center Service Area, the S CA MCA and state.

#### Percent Population Within 1/2 Mile of a Park (Age-Adjusted)

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
40.8%	66.9%	61.3%	58.6%

Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.

## Assets and Opportunities



### Community Description of the Health Need

Obesity is on the rise among both children and adults primarily to poor diets and lack of physical activity. The prevalence of fast food restaurants which offer low-cost food to families trying to stretch their budgets makes it an attractive choice. Poor lifestyle choices lead to obesity and diabetes. Parents need access to healthy food and strategies and education about to stretch their budgets to include more healthy food. Children need safe places to play so they can get the physical activity they need.

- + “I think it’s been really clear that diabetes is a health issue that is on the rise and is something that is going to require some very critical thinking and maybe even an introduction of some policies.” ~Interviewee
- + “The car-centricity and lack of walkability throughout the community—you look at the communities that are real walkable, you have better health.” ~Interviewee
- + “There is need to encourage people to maybe cook at home once in a while. Encouraging people to cook at home, that would help them cut down on junk.” ~Interviewee

### Resources

Community stakeholders identified the following organization, programs, and initiatives as important resources for potentially addressing health needs related to obesity, HEAL, and diabetes:

- |  |                                    |
|--|------------------------------------|
| ■ Cal Fresh/SNAP                         | ■ Healthy Cities and Communities   |
| ■ Community Gardens                      | ■ Pacific Electric Trail           |
| ■ Community Supported Agriculture (CSA)  | ■ Parks and Recreation Departments |
| ■ El Sol Neighborhood Educational Center | ■ Santa Ana River Trails           |
| ■ Employee wellness programs             | ■ School nutrition programs        |
| ■ Farmer’s Markets                       | ■ YMCA                             |

### Policy, Planning, and Collaboration

**Community Vital Signs:** This countywide collaborative is bringing together leaders from all sectors to take on issues of health outcomes and social determinants of health. Obesity, access to healthy food, and creating environments that support physical activity are all key strategies that are being addressed through this effort.

**Healthy Cities and Communities:** Nearly all communities and cities within the KFH-Fontana/Ontario Medical Center Service Areas are part of this initiative designed to improve health and wellness. Different communities use tailored approaches to improve health, including programs and services like Farmer’s Markets, walking clubs, health screenings and development of policy, such as healthy vending machines and lactation support.

**Safe Routes to School:** This nationally funded effort is dedicated to creating safe routes for children and parents to use active modes of transportation when traveling to and from school.

Icons from [The Noun Project](https://thenounproject.com/)

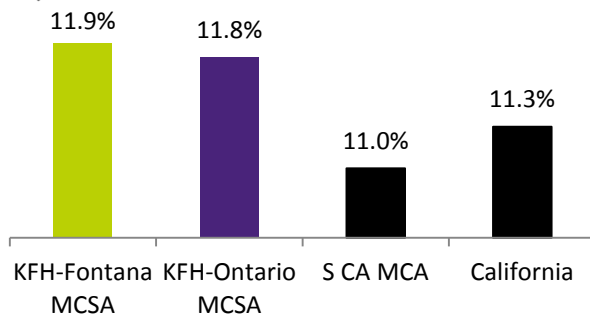
## Oral Health

**Description and Significance:** Poor oral health has serious consequences, including painful, disabling, and costly oral diseases such as dental caries (cavities), periodontal (gum) disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers. Nationally, in 2012, only 67% of adults 18+ had visited a dentist within the past year (National Center for Health Statistics). A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke (Healthy People 2020).

### Health Outcome Statistics



#### Percentage with Poor Dental Health



The KFH-Fontana/Ontario Medical Center Service Areas a slightly higher percentage of residents with poor dental health compared to the S CA MCA and state.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

### Health Disparities



This indicator reports the percentage of adults who self-report having no dental insurance for : of the past 12 months. Hispanic or Latinos have the highest rate of uninsured adults in both th areas and state, followed by African Americans.

#### Adults Population without Dental Insurance by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Hispanic or Latino
KFH-Fontana MCSA	26.2%	31.9%	21.5%	42.4%
KFH-Ontario MCSA	27.1%	30.1%	27.8%	42.6%
California	30.3%	25.1%	31.9%	42.0%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2009.

## Community Description of Disparities

During forum discussions, community stakeholders and leaders identified the Mountain and High Desert regions of the KFH-Fontana Medical Center Service Area as having little to no access to free/low-cost dental services. Needs are seen as particularly acute for seniors who live on fixed incomes (many need dentures), low income families, African-Americans and undocumented adults who cannot access government-sponsored programs. While free services can be obtained for younger children, parents have difficulty finding low-cost programs targeted at teens and young adults.

Parents with low educational attainment also were seen as lacking awareness of the value of seeking dental care for their young children and requiring support to locate and utilize services.

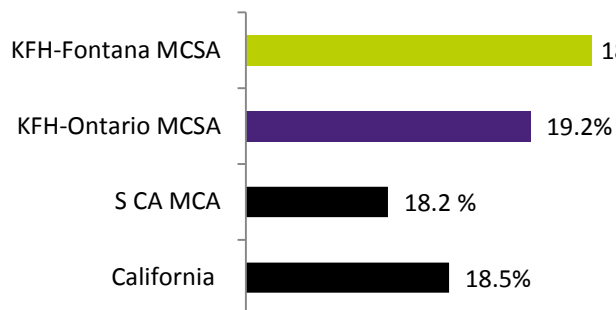
- + “You have to bring education and awareness back into the community...Once you get people aware that there are things that they can do that change their quality of life for themselves, then you have to give them a pathway to it and the resources to navigate through it.”  
~Interviewee
- + “Oral health is very important. Of course, with my children, I talk about food, the kind that people tend to eat here, and some of those food items –the soda, the coffee, you know, a lot of sweets, the help erode us. In our community, we have a lot of people needing dental attention.” ~Interviewee

## Key Health Drivers



### Clinical Care

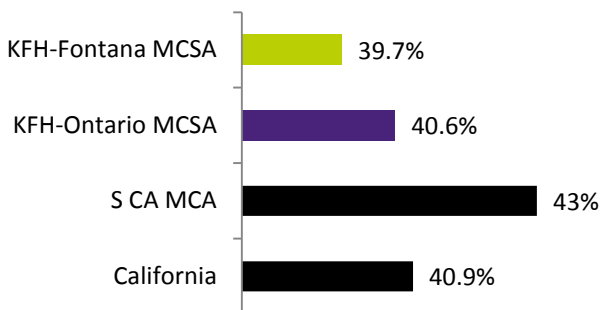
**Percentage of Dental Care Utilization  
(No Recent Exam-Youth)**



The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of youth with no recent dental exam compared to the S CA MCA and state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.

**Absence of Dental Insurance Coverage**



The KFH-Fontana/Ontario Medical Center Service Areas have a lower percentage of adults without dental coverage.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2009.

**Dental Care Affordability.** This indicator reports the percentage of children and teens who self-report that during the past 12 months, there was any time when they needed dental care but could not afford it. This indicator is relevant because it is a measure of access to dental health services; lack of healthcare access to regular primary care, specialty care, and other health services contributes to poor health status. A higher percentage of teens were unable to afford dental care in the KFH-Fontana/Ontario Medical Center Service Areas compared the S CA MCA and state.

**Percent Population Age 5-17 Unable to Afford Dental Care**

KFH-Fontana Medical Center Service Area	KFH-Ontario Medical Center Service Area	S CA MCA	California
7.4%	7.2%	7.0%	6.3%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2009.

**Percentage of Dental Care Utilization (No Recent Exam-Adult)**

KFH-Fontana MCSA	35.4%
KFH-Ontario MCSA	35.3%
S CA MCA	32.1%
California	30.5%

The KFH-Fontana/Ontario Medical Center Service Areas have a higher percentage of adults with no recent dental exam compared to the S CA MCA and state.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

## Assets and Opportunities



### Community Description of the Health Need

Community leaders acknowledged that oral health care remains largely inaccessible to many residents in the KFH-Fontana/Ontario Medical Center Service Areas due to cost and access to providers. Even with dental insurance, copays for dental procedures are often costly and tax families' limited resources. It can be challenging to find local providers who accept Denti-Cal; many who do are no longer accepting new patients. In the Mountain and Desert regions of the KFH-Fontana Medical Center Service Area, it can require travel to find affordable care or to access specialists. There was also a sense that free and low-cost programs that do exist are operating at capacity and that need for these programs far exceeds availability.

### Resources

Community stakeholders identified the following potential resources as important community for oral health:

- Center for Oral Health
- County-sponsored services
- El Sol Neighborhood Educational Centers
- Kids Come First
- Loma Linda University Dental School
- San Antonio Community Hospital Dental Program

### Programs and Services

**Give Kids a Smile, Tri-County Dental Society:** This nationwide program offers free dental services to children ages 5 to 18 years from low-income families in partnership with local providers on designated days, which vary by clinic, in the month of February. Free services were available at three clinics in San Bernardino County during February 2016: One in Montclair (KFH-Ontario Medical Center Service Area), one in San Bernardino and one in Loma Linda (KFH-Fontana Medical Center Service Area). Activities during this program are widely publicized and are used to highlight the ongoing challenges that disadvantaged families face in finding dental care to policy makers and community leaders.

**Give Families a Smile, Tri-County Dental Society:** Give Families A Smile provides free, comprehensive dental care for underserved adults and children ages 5 and older. Services are available to adults and children from low income households, who are uninsured, or have Medi-Cal Coverage. Patients are treated by licensed, practicing dentists, assisted by hygienists and dental assistants. Treatment may include x-rays, exams, cleanings, fillings and extractions if needed. In addition, each patient receives dental supplies and dental health educational information.

**Donated Dental Services, California Dental Association Foundation:** Donated Dental Services (DDS) is a program supported by the CDA Foundation and administered by the Dental Lifeline Network, formerly the National Foundation of Dentistry for the Handicapped. DDS links volunteer dentists throughout California with elderly, disabled and medically compromised individuals who cannot afford necessary dental treatment. According to the program website, all counties are currently closed to new enrollees with the exception of those with notes from their physician indicating that they cannot receive vital medical treatment due to dental conditions.

**Low-cost Dental Clinics:** A list of low-cost dental clinics is maintained by the Tri-County Dental Society, and found on their website. Currently the list indicates that there are a number of low-cost dental clinics in the KFH-Fontana/Ontario Medical Center Service Areas and throughout San Bernardino County.

### **Collaborations and Policy Initiatives**

**Early Smiles, Center for Oral Health:** This coalition of oral health providers is working to strengthen the infrastructure of dental care for pregnant women and children under the age of 6. The program was launched in 2016 and is intended to run through 2018.

**Oral Health Action Coalition-Inland Empire:** This began as a grassroots effort by the Center for Oral Health and Kaiser Permanente to organize and mobilize local resources in order to increase access to dental care in San Bernardino and Riverside counties.

Icons from [The Noun Project](#)



## Substance Abuse and Tobacco Use

**Description and Significance:** Substance abuse, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Smoking is known to cause cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke (County Health Rankings). In the United States in 2014, 24.9% of adults 18 years and over reporting having at least one heavy drinking day (five or more drinks for men and four or more drinks for women) in the past year; and 16.8% of adults 18 years of age and over reported smoking cigarettes (National Center for Health Statistics).

### Health Driver Statistics



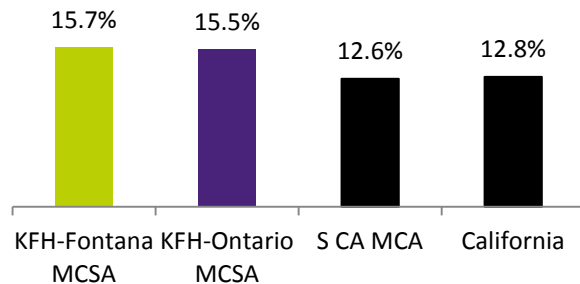
#### Excessive Alcohol Consumption (ages 18+)

KFH-Fontana MCSA	16.6%
KFH-Ontario MCSA	16.3%
S CA MCA	16.1%
California	17.2%

The KFH-Fontana/Ontario Medical Center Service Areas have slightly lower self-reported rates of excessive alcohol consumption than the state.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

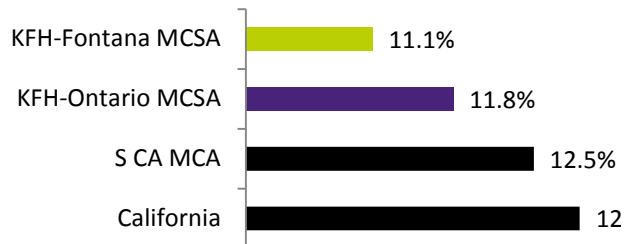
#### Percentage of Tobacco Use (ages 18+)



The KFH-Fontana/Ontario Medical Center Service Areas have slightly higher rates of tobacco use compared to the S CA MCA and state.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

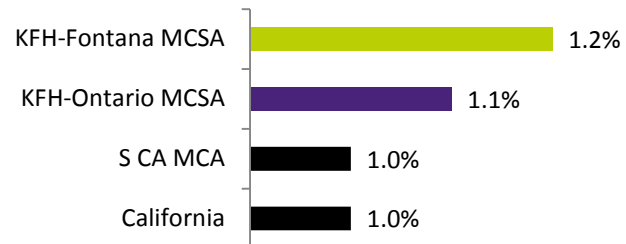
#### Alcohol Expenditures (% of Total Household Expenditures)



This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. The KFH-Fontana/Ontario Medical Center Service Areas have slightly lower rates of expenditures on alcohol compared to the S CA MCA and state.

Source: Nielsen, Nielsen Site Reports. 2014.

#### Tobacco Expenditures (% of Total Household Expenditures)



This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. The rates for the KFH-Fontana/Ontario Medical Center Service Areas are similar to the S CA MCA and state.

Source: Nielsen, Nielsen Site Reports. 2014.





## Physical Environment

**Liquor Store Access.** This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. Fontana has a higher rate of liquor store access compared to the S CA MCA and state.

### Rate of Liquor Store Access per 100,000 of population

KFH-Fontana MCSA	KFH-Ontario MCSA	S CA MCA	California
11.0	9.9	10.4	10.0

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA



## Health Disparities

There were no specific indicators that showed disparities when reviewing the secondary data for the KFH-Fontana/Ontario Medical Center Service Areas. Below is a description of disparities identified through primary data collection.

### Community Description of Disparities

Tobacco, alcohol and other substances are of particular concern among **low income individuals, the homeless, and those with untreated mental health issues**. Tobacco use was identified as particularly high in the **Asian immigrant** community. There is a perception that tobacco and nicotine use is increasing among young adults and adolescents due to the presence of e-cigarettes and vaping.

**Latino men** may be more likely than other groups to abuse alcohol due to differences in cultural norms around drinking and stigma around seeking treatment for abuse.

Community members reported a lack of services and resources to address substance abuse in the **High Desert** and **Mountain** regions and in **central San Bernardino**, where substance abuse was described as “epidemic”. These geographies are all within the KFH-Fontana Medical Center Service Area. Teen and youth in the **Mountains** are seen as especially vulnerable due to lack of positive activities to protect them from becoming substance involved and a paucity of resources in this region.

- + “For me, success will mean when all drug and alcohol-related problems diminish or are minimized. Because addiction is responsible for many of the violent things—suicide, shootings, killings—it’s all connected.” ~Interviewee

## Assets and Opportunities



While there are resources available to support tobacco cessation and treat substance abuse, the resources are limited and currently lack capacity to provide services to all that need them. Community leaders advocate for opportunities to build on existing strengths, to expand programs that have proven successful and to find ways to make collaboration happen efficiently and effectively among agencies that serve people with these needs in our communities.

## Resources

Community stakeholders identified the following community based organizations as important community resources for potentially addressing substance abuse in the KFH-Fontana/Ontario Medical Center Service Areas.

- RIM Family Services
- DBH Crisis Clinics
- Family Resource Centers
- Catholic Charities
- Redlands Behavioral Medical Center
- Cedar House (in-patient substance abuse treatment)
- Loma Linda Behavioral Center
- Inland Valley Recovery Services
- DPH

## Programs

**Cedar House Life Change Center** provides in-patient substance abuse treatment for adults and a special program to meet the needs of pregnant women. Financial assistance is available for low-income individuals and through some specialized programs.

**Inland Valley Recovery Services** provides detox and recovery programs for adults and youth. Services include both residential and outpatient services.

**Partnership for Healthy Moms and Babies (PHMB)** is a program of DPH (with funding from First 5 San Bernardino) that provides substance and tobacco screening of pregnant women. Women are then referred to tobacco cessation program and/or substance abuse treatment, including referrals to Cedar House when appropriate.

**Foothill AIDS Project** provides integrated mental health and substance abuse services at their centers. Services include support groups and individual counseling. Staff are able to make referrals to more intensive treatment when required.

**Tobacco Use Reduction Now Program (TURN)** is intended to prevent addiction to tobacco and save lives from avoidable illnesses, disabilities and deaths caused by tobacco. It is administered by the Department of Public Health and includes referrals to tobacco cessation programs.

## Collaborations

The **RIM Community Resource Network** is a collaborative of public and community based service providers representing the Mountain Communities. The network includes organizations that provide counseling and case management and can make referrals to substance abuse treatment when necessary.

The **Inland Empire Community Collaborative** engages First 5 San Bernardino, ELS, and 25 other agencies in conversations regarding mental health (including substance abuse) in the community.

Icons from [The Noun Project](https://thenounproject.com/)

## Violence and Injury Prevention

**Description and Significance:** Injuries are the leading cause of death for Americans ages 1 to 44,<sup>1</sup> and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department (Healthy People 2020). Unintentional injuries include motor vehicle accidents, falls, or pedestrian accidents. In California, unintentional injuries were the sixth leading cause of death (California's Leading Causes of Death, 2013).

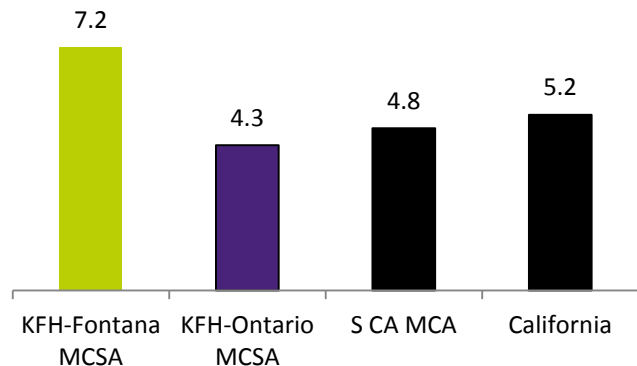
Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences (Healthy People 2020). In 2014, 15,809 people were victims of homicide and 42,773 took their own life (National Center for Health Statistics). Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community. Chronic stress from living in unsafe neighborhoods can negatively impact health by causing depression, anxiety and stress (County Health Rankings).

### Health Outcome Statistics



#### Homicide Mortality (Age-Adjusted Death Rate per 100,000 Population)

The homicide rate is higher in the KFH-Fontana Medical Center Service Area than that of the S CA MCA and the state

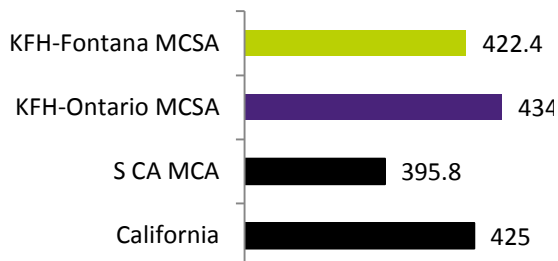


Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.

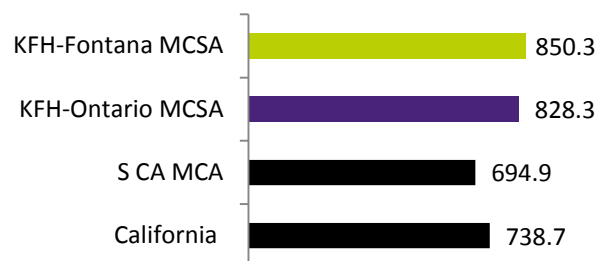
### Health Driver Statistics



#### All Violent Crime Rate (per 100,000 population)



#### Youth Intentional Injury (Per 100,000 Population)

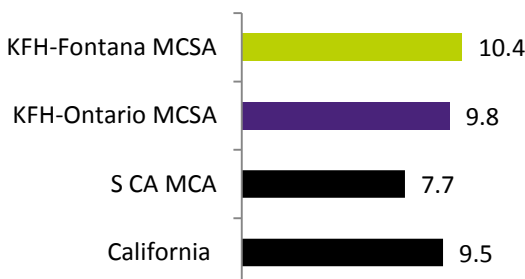


The number and rate of non-fatal emergency department

Violent crime includes homicide, rape, robbery, and aggravated assault. The rate of violent crime offenses reported by law enforcement in the KFH-Ontario Medical Center Service Area is higher than that of the S CA MCA and state.

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County

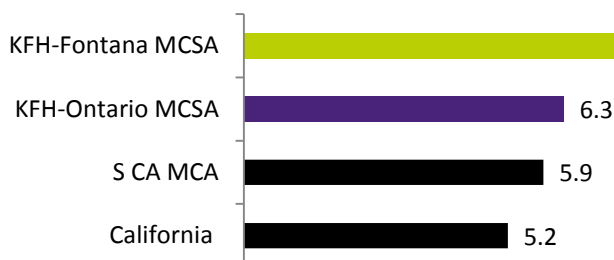
#### Domestic Violence Injuries (Per 100,000 Population)



The domestic violence injuries as measured by the rate of non-fatal emergency department visits for females ages 10+ is higher in the KFH-Fontana/Ontario Medical Center Service Areas than the S CA MCA and the state.

Source: California Department of Public Health, California EpiCenter. 2011-13. Source geography: County

#### Motor Vehicle Accident Mortality Rate (Per 100,000 Population)



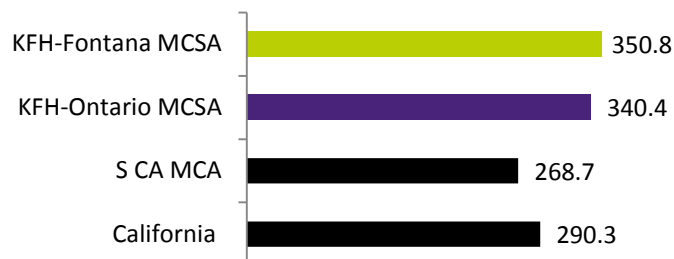
The rate of death due to motor vehicle crashes is higher in the KFH-Fontana/Ontario Medical Center Service Areas than in both the S CA MCA and state.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

visits among youth age 13-20, for intentional injury, including injuries due to both assault and self-harm, are higher in the KFH-Fontana/Ontario Medical Center Service Areas than the S CA MCA and the state.

Source: California Department of Public Health, California EpiCenter. 2011-13. Source geography: County

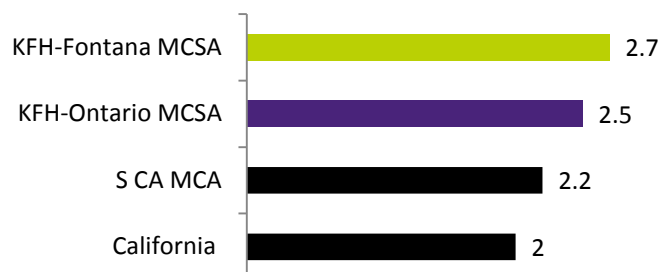
#### Assault Injury (Per 100,000 Population)



The rate of injury due to assault is higher in the KFH-Fontana/Ontario Medical Center Service Areas than that of the S CA MCA and the state.

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.

#### Pedestrian Accident, Mortality Rate (per 100,000 Population)



The rate of pedestrians killed by motor vehicles in the KFH-Fontana/Ontario Medical Center Service Areas is higher than the rate for the S CA MCA and the state.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death

## Health Disparities



Native Hawaiians / Pacific Islander and Black residents have disproportionately higher rates of homicide mortality in the KFH-Fontana/Ontario Medical Center Service Areas.

### Homicide Mortality, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Native American /Alaskan Native	Native Hawaiian /Pacific Islander	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	3.8	18.1	1.4	1.5	27.9	4.4	5.2
<b>KFH-Ontario MCSA</b>	3.61	19.0	1.5	1.5	25.5	4.1	5.3
<b>S CA MCA</b>	2.3	19.5	1.8	1.4	9.5	2.7	4.7
<b>California</b>	2.6	22.5	3.5	2.0	7.5	3.2	5.2

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

Non-Hispanic White, Black, and Native Hawaiian/ Pacific Islander populations have higher rates of motor vehicle accident mortality in the KFH-Fontana/Ontario Medical Center Service Areas

### Motor Vehicle Accident , Age-Adjusted Mortality Rate (Per 100,000 Population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Native American /Alaskan Native	Native Hawaiian /Pacific Islander	Multiple Race	Hispanic or Latino
<b>KFH-Fontana MCSA</b>	9.5	7.7	3.3	3.7	7.0	5.0	5.5
<b>KFH-Ontario MCSA</b>	8.8	7.5	3.3	3.6	6.5	4.5	5.4
<b>S CA MCA</b>	6.3	7.1	3.9	3.3	4.8	3.2	5.1
<b>California</b>	5.4	6.5	5.0	3.1	3.3	2.7	5.0

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

### Community Description of Disparities

Community stakeholders and leaders identified **low income communities, youth and teens, homeless, those with gang affiliated family members and minority groups** at disproportionate risk for experiencing violence than other groups. Poor communities are seen as lacking the resources to maintain public safety. Geographically, **Victorville, the City of San Bernardino, Bloomington/Colton and parts of Ontario** were considered disproportionately affected by crime and safety issues. Homeless individuals also experienced higher rates of violence due to living conditions.

Injuries to children and adults resulting from poor infrastructure, such as lack of sidewalks or sidewalks damaged by tree roots, broken street-lights, and trash in the streets was also reported as problematic, especially in unincorporated areas such as Muscoy. Frail elderly (seniors) living alone were also seen be at risk for injury via falls.

- + “You wouldn’t think it to be the case, but Ontario, they house the airport, but they’ve got some communities surrounding in Ontario where there are high incidents of gang activity.”

## Assets and Opportunities



### Community Description of the Health Need

Although stakeholders general feel the communities in these service areas are safe, they acknowledged that crime and violence is a bigger issue in some communities than others. Leaders understand the value of community policing approaches to improving safety and encourage efforts to engage residents in these efforts. Leaders also see strong connections between economic factors and safety and see education and job training as important resources to improving both family and community well-being. Mental health and substance abuse are also seen as important determinants of community and individual safety.

- + “Because sometimes that culture of poverty leaves people with such levels of despair that they can’t see anything different than what they already have”. ~Interviewee
- + “I think there are so many kids where all they know is what’s right before them. All they know is what they’ve seen in their community, in their neighborhood. They’ve never seen anyone actually make it out of the neighborhood and getting an education and having a decent job.” ~Interviewee
- + “Safety is a key issue to me, because there’s more homeless people and more people walking around that you’re not familiar with.”

### Resources

Community stakeholders identified the following community based organizations and government agency efforts as important resources for potentially addressing violence and injury.

- Local fire departments
- San Bernardino County Sheriff
- Local police departments

**Reach Out:** This agency provides a variety of programs and services to promote family strengthening, including mentoring programs for youth, substance abuse and mental health services.

**S.H.O.C.K.(Self-discipline, Honor, Obedience, Character, Knowledge):** This 10-week juvenile intervention program for youth between the ages of twelve and seventeen was designed to combat the negative influences facing today’s youth in society. These influences include, drugs, gangs, teenage pregnancy, communication issues with peers and parents, and self-respect. The program includes physical activity and classroom instruction. It is a cooperative effort among several area law enforcement agencies.

Icons from [The Noun Project](https://thenounproject.com/)

## Appendix D: Glossary of Terms

The following terms are used throughout the Community Health Needs Assessment report. They represent concepts that are important to understanding the findings and analysis in this report.

**Age-adjusted rate.** The incidence or mortality rate of a disease can depend on the age distribution of a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate of some diseases than another community that may have a higher number of younger people. An incidence or mortality rate that is **age-adjusted** takes into the consideration of the proportions of persons in corresponding age groups, which allows for more meaningful comparison between communities with different age distributions.

**Benchmarks.** A benchmark serves as a standard by which a community can determine how well or not well it is doing in comparison for specific health outcomes. For the purpose of this report, one of two benchmarks is used to make comparison with the medical center area. They are Healthy People 2020 objectives and state (California) averages.

**Death rate.** See *Mortality rate*.

**Disease burden.** Disease burden refers to the impact of a health issue not only on the health of the individuals affected by it, but also the financial cost in addressing this health issue, such as public expenditures in addressing a health issue. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect their quality of life and socioeconomic status.

**Health condition.** A health condition is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

**Health disparity.** Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much of research literature on health disparity focuses on racial and ethnic differences in how these communities experience the diseases, but health disparity can be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

**Health driver.** Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health. For example, smoking (behavior) is a health driver for lung cancer, and access to safe parks (environmental) is a health driver for obesity/overweight. Some health drivers, such as poverty or lack of insurance, impact multiple health issues.

**Health indicator.** A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

**Health outcome.** A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity and mortality (e.g. breast cancer prevalence, lung cancer mortality, homicide rate, etc.).

**Health need.** A health need is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

**Hospitalization rate.** Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

**Incidence rate.** Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem.

**Morbidity rate.** Morbidity rate refers to the frequency with which a disease appears within a population. It is often expressed as a *prevalence rate* or *incidence rate*.

**Mortality rate.** Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a density rate (e.g. x number of cases per 10,000 people). It is also referred to as “death rate.”

**Prevalence rate.** Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with incidence rate, which focuses only on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total of number suffering that disease (prevalence) because people are living longer due to better screening or treatment for that disease.

**Primary data.** Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this community health needs assessment, primary data were collected through focus groups and interviews with key stakeholders. These primary data describe what is important to the people who provide the information and are useful in interpreting secondary data.

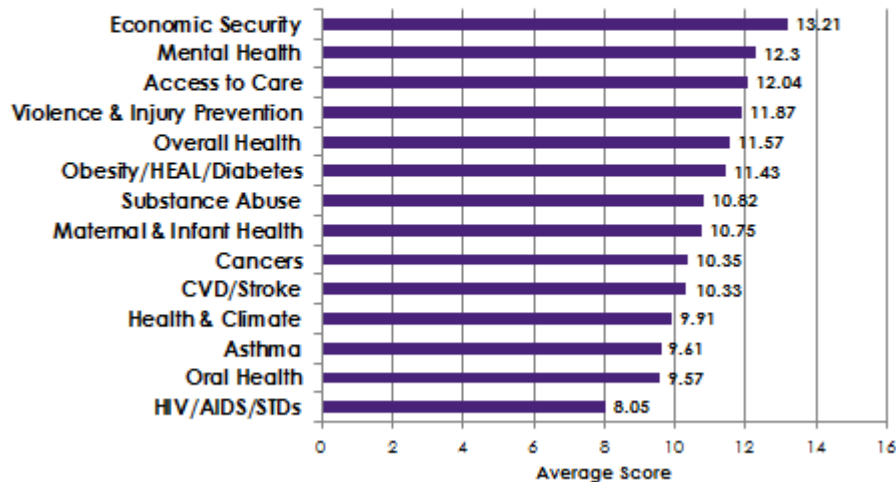
**Secondary data.** Secondary data are data that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are useful in highlighting in an objective manner health outcomes that significantly impact a community.



## Appendix E: Summary of Pre-Prioritization Surveys

### KFH-Fontana Medical Center

#### KFH-Fontana Medical Center Community Priorities Based on pre-prioritization survey



### KFH-Ontario Medical Center

#### KFH-Ontario Medical Center Community Priorities Based on pre-prioritization survey

##### Total Scores in Rank Order

