



COMMUNITY BENEFIT PLAN 2022

KAISER FOUNDATION HOSPITALS
SOUTHERN CALIFORNIA REGION



FONTANA & ONTARIO

Kaiser Foundation Hospital (KFH)-Fontana and KFH-Ontario

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.5 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For over 75 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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the California Department of Health Care Access and Information (HCAI) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2021 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego (2 Hospitals), San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2021, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$742,682,799 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2021 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$288,558,881
Charity care: Charitable Health Coverage Programs ²	\$99,312
Charity care: Medical Financial Assistance Program ³	\$199,603,657
Grants and donations for medical services ⁴	\$16,348,695
Subtotal	\$504,610,545
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,255,305
Educational Outreach Program	\$987,097
Youth Employment programs ⁶	\$1,808,566
Grants and donations for community-based programs ⁷	\$40,751,208
Community Benefit administration and operations ⁸	\$14,174,499
Subtotal	\$60,976,675
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$1,013,213
Kaiser Permanente Educational Theatre	\$5,513,539
Community Giving Campaign administrative expenses	\$307,906
Grants and donations for the broader community ¹⁰	\$7,678,509
National Board of Directors fund	\$742,763
Subtotal	\$15,255,930
Health Research, Education, and Training	
Graduate Medical Education	\$106,261,332
Non-MD provider education and training programs ¹¹	\$28,809,048
Grants and donations for the education of health care professionals ¹²	\$828,614
Health research	\$25,940,655
Subtotal	\$161,839,649
TOTAL COMMUNITY BENEFITS PROVIDED	\$742,682,799

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis. Unreimbursed Medi-Cal expenses in 2021 are reduced by an accounting adjustment recognizing prior years Medi-Cal revenue from the Hospital Quality Assurance Fee program that had been previously deferred.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed

expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.

¹² Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2021

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$17,917,777	Anaheim	\$16,356,394
Fremont	\$7,116,988	Baldwin Park	\$17,686,803
Fresno	\$16,430,983	Downey	\$20,875,611
Manteca	\$26,686,282	Fontana	\$34,923,576
Modesto	\$17,136,688	Irvine	\$4,235,405
Oakland	\$42,896,496	Los Angeles	\$43,202,504
Redwood City	\$12,306,878	Moreno Valley	\$7,180,582
Richmond	\$33,878,375	Ontario	\$8,042,184
Roseville	\$26,457,596	Panorama City	\$15,120,887
Sacramento	\$50,937,840	Riverside	\$20,134,773
San Francisco	\$30,194,677	San Diego (2 Hospitals)	\$27,423,902
San Jose	\$21,292,093	South Bay	\$14,724,924
San Leandro	\$17,323,610	West Los Angeles	\$23,634,640
San Rafael	\$9,970,325	Woodland Hills	\$12,009,318
Santa Clara	\$29,099,172		
Santa Rosa	\$16,739,665		
South Sacramento	\$38,816,252		
South San Francisco	\$11,517,778		
Vacaville	\$12,770,478		
Vallejo	\$23,750,994		
Walnut Creek	\$13,889,350		
Northern California Total	\$477,131,296	Southern California Total	\$265,551,503

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's

Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Fontana and Ontario Community Served

A. Kaiser Permanente’s Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served

The following tables include race, ethnicity data for the KFH-Fontana and Ontario service areas. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latinx" indicates total population percentage reporting as Hispanic/Latinx.

KFH-Fontana and Ontario Service Area Demographics

	Fontana	Ontario
Total population:	1,442,989	864,492
American Indian/Alaska Native	0.4%	0.2%
Asian	5.1%	12.1%
Black/African American	8.5%	6.2%
Hispanic/Latinx	56.7%	55.6%
Multiracial	2.2%	2.1%
Native Hawaiian/other Pacific Islander	0.3%	0.2%
Other race/ethnicity	0.2%	0.2%
White	26.7%	23.4%
Under age 18	27.6%	23.9%
Age 65 and over	11.8%	11.6%

C. Map and Description of Community Served

The KFH-Fontana service area includes the majority of San Bernardino County and the northwest portion of Riverside County. This includes the communities of Angelus Oaks, Apple Valley, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Calimesa, Cedar Glen, Cedarpines Parks, Cherry Valley, Colton, Crestline, Crest Park, Diamond Bar, Fawnskin, Fontana, Forest Falls, Glen Avon, Grand Terrance, Green Valley, Hesperia, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Mountain View Acres, Muscoy, Patton, Phelan, Pinon Hills, Redlands, Rialto, Rimforest, Rubidoux, Running Springs, San Bernardino, Skyforest, Sugarloaf, Twin Peaks, Victorville, Wrightwood, and Yucaipa.

The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

IV. KFH-Fontana and Ontario Community Health Needs

The following are the health needs that KFH-Fontana and Ontario is addressing during the 2020-2022 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2020-2022 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

- a. **Access to Care.** Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care impact people's ability to reach their full potential, negatively affecting their quality of life. Across the KFH-Fontana and Ontario service area, residents report worse values on several indicators of access to care compared to the state as a whole. Residents report more poor physical health days per month (4.40 in the KFH-Fontana service area, 4.30 in the KFH-Ontario service area, and 3.71 in California), lower rates of recent primary care visits (66.6% in the KFH-Fontana service area, 66.8% in the KFH-Ontario service area, and 72.9% in California), and higher preventable hospital events per 1,000 residents (44.1 in the KFH-Fontana service area, 43.7 in the KFH-Ontario service area, and 35.9 in California). Access to care ensures that residents have access to preventive services for chronic conditions such as asthma, diabetes or obesity, which have higher rates in KFH-Fontana and Ontario compared to Southern California (SCAL). While asthma can be controlled with access to proper care, it can be particularly disruptive for young children; according to the American Lung Association, asthma leads to more than 10 million missed school days each year. Residents of the KFH-Fontana and Ontario service area are more likely to suffer from asthma compared to residents across SCAL. In addition, African Americans experience much higher discharge rates for asthma and related conditions than White, Hispanic/Latino or Asian residents. Healthy body weight, balanced eating, and physical activity can reduce the risks of developing chronic conditions (diabetes and obesity), however the prevalence of diabetes (11.5%) and obesity (35.7%) is higher in the KFH-Fontana and Ontario service areas (diabetes 10.2%; obesity 32.1%) compared to SCAL (diabetes 7.3%) or CA (obesity 29.6%). Access to high-quality health care before, during, and after pregnancy is essential to women. Low birthweight infants are most common in Hesperia, Victorville, Big Bear Lake, San Bernardino, and Fontana of the KFH-Fontana service area, while infant mortality among African Americans is highest in Hesperia and Rialto. Access to oral care presented itself as another critical aspect to care. An extensive Oral Health Assessment completed by the San Bernardino County Department of Public Health Local Oral Health Program reports that across the KFH-Fontana and Ontario service area, many children ages 0-18 use the emergency department for preventable conditions, less than half of the county's Medi-Cal eligible children had a dental visit in 2017, and that pregnant women use dental services at a significantly lower rate than the California average. Thus, Access to Care was selected to be addressed in the Implementation Strategy because lack of care or limited care can contribute to poor health

outcomes including physical and mental health. Therefore, in order to improve health overall, it is important for individuals to have access to regular preventive care.

- b. **Mental and Behavioral Health.** Mental Health is central to a person’s well-being. If not treated, it can affect individuals’ daily life, relationships, and physical health. According to the National Institute of Mental Health, 1 in 5 adults (43.8 million total) in the United States experience mental illness. Residents across the KFH-Fontana and Ontario service area report having nearly 4 days per month with poor mental health, which is higher than the state of California and the southern California region. Moreover, the average suicide rate for the KFH-Fontana service area is 10.3 per 100,000 and 9.8 per 100,000 in the KFH-Ontario service area. Across the KFH-Fontana and Ontario service area, Whites die of suicide at rates 76% above average, and in the KFH-Fontana service area, Native American/Alaskan Natives also die of suicides at rates 8% above average. Substance abuse, including alcohol, prescription drugs, and illegal drugs, can have profound physical and mental health consequences. The majority of people seeking care at treatment centers have co-occurring physical or mental health issues. Rates of excessive drinking in the KFH-Fontana and Ontario service area are higher than statewide averages, while San Bernardino County as a whole (like many areas of the country) has experienced a surge in the death rate from prescription opioids. The drug-related death rate among white residents in San Bernardino County is 28.3 per 100,000 compared to 21.6 per 100,000 in California. Mental Health was selected to be addressed in the Implementation Strategy because mental health providers in the County are under-resourced and overstretched which contributes to individuals utilizing emergency services more frequently. Data supports the need for mental health services in KFH-Fontana and Ontario service areas and elevated the importance of addressing this need to improve the mental health of the population.
- c. **Economic Opportunity.** Several social predictors of health related to economic security and opportunity were strongly related to all of the priority health needs identified through the CHNA. Disparities in the upstream factors that predict negative health outcomes were identified by defining “under-resourced communities,” and identifying cities in the KF-Fontana and Ontario area that are most severely under-resourced across multiple domains of the social predictors of health (e.g. socioeconomic status, homelessness, education attainment, and food security). Across the KFH-Fontana and Ontario area, 19% of adults and 27% of children are living in poverty and 21% of adults have no high school diploma. Across six cities (Fontana, Ontario, Redlands, Rialto, San Bernardino, and Victorville) in the KFH-Fontana and Ontario service area, 1,761 of the 2,607 homeless (687 sheltered; 1, 920 unsheltered) adults and children were counted on Thursday, January 24, 2019. These six cities accounted for two-thirds (66.7%) of the total unsheltered population as well as more than two-thirds (68.9%) of individuals counted in shelters and transitional housing (2019 San Bernardino County, Homeless Count Survey). Additionally, food insecurity and housing disparities were reported across the KFH-Fontana and Ontario service area. Among the 64, 529 callers for information and support to 2-1-1 San Bernardino County service in 2017, people living in Barstow, San Bernardino, Adelanto, and Victorville show much higher ratios of requests for food,

related to food insecurity. The highest incidents of calls related to housing trouble were reported in the cities of Barstow, Victorville, Adelanto, Victor Valley area, Ontario, Colton, and Upland. These communities were all identified as under-resourced communities by the CHNA, at the bottom 25% of all cities in California. Given that these social predictors have such a widespread impact on health outcomes, economic opportunity was selected to be addressed in the Implementation Strategy. This health need allows us to look upstream and improve the conditions for health and equity in the community by addressing the upstream factors that impact an individual's health status.

B. Health Needs Not Addressed

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Fontana and Ontario to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Fontana and Ontario is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). While oral health, obesity, diabetes, substance abuse, and maternal and infant health are not highlighted in sections VII.b, these needs are being addressed through the strategies and interventions of the three selected health needs: access to care, economic opportunity, and mental health. For example, strategies and interventions for addressing food insecurity is a key approach for preventing the onset of diabetes and obesity; strategies to address access to quality mental health care will include addiction treatment as an approach to addressing substance abuse. Raising awareness and linking pregnant women to early prenatal care and to regular care after giving birth will be a key access to care intervention to address maternal/infant health. Lastly, building the core capacity of community clinics to prevent and manage chronic disease (such as asthma and diabetes), will be critical to supporting community members to have access to quality care.

V. 2021 Year-End Results for KFH-Fontana and Ontario

The 2021 Year-End Results highlight a select set of activities and grant financial resources for addressing health needs. For a full description of strategies and activities to address health needs, please review the 2020-2022 Implementation Strategy Plan at <http://www.kp.org/chna>.

A. 2021 Community Benefit Financial Resources Provided by KFH-Fontana and Ontario

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-Fontana and Ontario 2021 Year-End Community Benefit Expenditures

	Fontana 2021 Totals	Ontario 2021 Totals
Medical Care Services for Vulnerable Populations		
Medi-Cal shortfall ¹	\$13,319,345	\$4,809,575
Charity care: Charitable Health Coverage Programs ²	\$3,088	\$4,814
Charity care: Medical Financial Assistance Program ³	\$9,794,489	\$1,401,868
Grants and donations for medical services ⁴	\$175,377	\$59,835
Subtotal	\$23,292,299	\$6,276,092
Other Benefits for Vulnerable Populations		
Summer Youth and INROADS programs ⁶	\$32,794	
Grants and donations for community-based programs ⁷	\$919,779	487,965
Community Benefit administration and operations ⁸	\$719,933	337,596
Subtotal	\$1,672,506	\$825,561
Benefits for the Broader Community		
Community health education and promotion programs	\$88,778	\$54,732
Kaiser Permanente Educational Theatre ⁹	\$395,213	152,254
Grants and donations for the broader community ¹⁰	\$96,310	59,375
National board of directors fund	\$25,655	15,816
Subtotal	\$605,956	\$282,177
Health Research, Education and Training		
Graduate Medical Education	\$7,875,351	\$5,520
Non-MD provider education and training programs ¹¹	\$801,681	236,216
Grants and donations for health research, education, and training ¹²	\$62,535	38,553
Health research	\$613,248	378,065
Subtotal	\$9,352,815	\$658,354
Total Community Benefits Provided	\$34,923,576	\$8,042,184

TABLE C ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Summer Youth students hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed

expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

- 11** Amount reflects the net expenditures for health professional education and training programs.
- 12** Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. 2020 Examples of KFH-Fontana and Ontario Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Fontana Implementation Strategy Report and the KFH-Ontario Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conducts evaluations of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Fontana and Ontario. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Fontana and Ontario service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2021 (Tables B and C).

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2021, Educational Theater provided 140 events in 23 locations in the KFH-Fontana communities, reaching 16,930

youth and 889 adults; and 54 events in 9 locations in the KFH-Ontario communities, reaching 4,890 youth and 315 adults.

Need	Summary of impact	Examples of impactful efforts
<p>Access to Care</p>	<p>During 2021, Kaiser Permanente awarded 7 grants, totaling \$75,500 addressing this priority health need in the Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling \$111,666 that address this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2021, KFH-Fontana provided \$13,319,345 in medical care services to 59,127 Medi-Cal recipients (both health plan members and non-members) and \$9,794,489 in medical financial assistance (MFA) for 11,605 beneficiaries.</p> <p>In 2021, KFH-Ontario provided \$4,809,575 in medical care services to 23,688 Medi-Cal recipients (both health plan members and non-members) and \$1,401,868 in medical financial assistance (MFA) for 5,340 beneficiaries.</p>
	<p>During 2021, Kaiser Permanente awarded 5 grants, totaling \$40,500 addressing this priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling \$111,666 that address this need.</p>	<p><u>Capacity Building~*</u> The Community Health Association Inland Southern Region was awarded \$450,000 to support its network of 20 member clinics community-based health centers and clinics, representing 103 sites located throughout Riverside and San Bernardino Counties, to effectively deliver culturally appropriate quality healthcare to the medically indigent, underserved, uninsured and/or underinsured populations. Key services to support their mission include quality improvement initiatives, advocacy, access to care projects, and technical assistance. The Core Operating Capacity Program is expected to reach 200 people leaders, staff, and physicians by collaborating with community-based health center member organizations to strengthen the healthcare safety-net in San Bernardino and Riverside counties.</p>
		<p><u>CPCA Core Grant Proposal~*</u> CPCA was awarded \$300,000 over two years to support the organization’s core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.</p>

<p>Economic Opportunity</p>	<p>During 2021, Kaiser Permanente awarded 33 grants, totaling \$750,395 addressing this priority health need in the Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 5 grants, totaling \$163,333 that address this need.</p>	<p><u>211 Careers - Employment Opportunities for Severely Under-Resourced Women</u> Inland Empire United Way was awarded \$25,000 to expand the 211 Careers program to include a specialized hard-to-reach population of severely under-resourced women at imminent risk of homelessness due to unemployment or underemployment. The program is expected to serve 30 women in most underserved areas in San Bernardino, Rialto, Victorville, Hesperia, Colton, and Fontana. The program will improve employment opportunities through job procurement/development in partnership with employers; increase direct hiring from under-resourced communities into living wage jobs with health insurance benefits; provide workforce training via job readiness workshops, resume/interview coaching, and guidance into certification programs (e.g., Certified Nurse Assistant); and individually support job attainment before, and job retention beyond, the hire date via continuous monitoring and resolution of barriers such as homelessness, transportation, and other socioeconomic disparities upstream from health outcomes.</p>
	<p>During 2021, Kaiser Permanente awarded 19 grants, totaling \$324,838 addressing this priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to award 4 grants, totaling \$63,333 that address this need.</p>	<p><u>California Housing Services & Operating Subsidy Fund for Project Homekey, NCAL Regional Grants splits with SCAL Regional Grants~*</u> The California Housing Service & Operating Subsidy Fund for Project Homekey was awarded \$12,500,000 to establish a Fund to support operating costs and wraparound service supports for up to 1,000 new state-acquired housing units, meeting a critical need of permanent housing for people experiencing homelessness across the state. This public-private partnership, will support additional needed operational and supportive services to build a pathway to safe, affordable, and sustainable housing for California’s most vulnerable.</p>
		<p><u>Inner City Capital Connections Program in NCAL and SCAL Regions 2021~</u> Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.</p>

<p>Mental Health</p>	<p>During 2021, Kaiser Permanente awarded 13 grants, totaling \$271,550 addressing this priority health need in the Fontana service area.</p> <p>During 2021, Kaiser Permanente awarded 5 grants, totaling \$98,550 addressing this priority health need in the Ontario service area.</p>	<p><u>Child Behavioral Health Agenda~</u> Children Now was awarded \$300,000 over two years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California’s workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the State to incorporate the evidence-based models to support the whole-child and educating policymakers on ways to transform workforce programs to benefit children.</p>
	<p><u>Mental Health Pipeline</u> Reach Out was awarded \$300,000 over two years to conduct multi-pronged policy and systems work in its Inland Region Mental/Behavioral Health Pipeline Program in order to address the dangerous shortage in the mental/behavioral health workforce, increase access to care for the Inland Region’s communities, and decrease the stigma associated with receiving treatment for behavioral/mental health. The program is expected to reach 536 youth with a special emphasis will be placed on reaching socio-economically disadvantaged people of color, as well as geographic gap areas.</p>	