



FONTANA



ONTARIO

# Kaiser Foundation Hospital – Southern California Region



## 2019 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

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

## Table of Contents

- I. Introduction and Background**
  - a. About Kaiser Permanente
  - b. About Kaiser Permanente Community Health
  - c. Purpose of the Report
  
- II. Overview of Community Benefit Programs Provided**
  - a. California Kaiser Foundation Hospitals Community Benefit Financial Contribution – Tables A and B
  - b. Medical Care Services for Vulnerable Populations
  - c. Other Benefits for Vulnerable Populations
  - d. Benefits for the Broader Community
  - e. Health Research, Education, and Training Programs
  
- III. KFH-Fontana and KFH-Ontario Community Served**
  - a. Kaiser Permanente’s Definition of Community Served
  - b. Map and Description of Community Served
  - c. Demographic Profile of the Community Served
  
- IV. KFH-Fontana and KFH-Ontario Community Health Needs in 2017-2019**
  - a. Health Needs Addressed
  - b. Health Needs Not Addressed and Rationale
  
- V. 2017-2019 Strategies to Address Health Needs**
  - a. Access to Care
  - b. Economic Security
  - c. Mental and Behavioral Health
  - d. Obesity/HEAL/Diabetes
  
- VI. 2019 Year-End Results for KFH-Fontana and KFH-Ontario**
  - a. 2019 Community Benefit Programs Financial Resources Provided by KFH-Fontana and KFH-Ontario – Table C
  - b. 2019 Examples of KFH-Fontana and KFH-Ontario Grants and Programs Addressing Selected Health Needs
  
- VII. Community Health Needs KFH-Fontana and KFH-Ontario Will Address in 2020-2022**

## 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 12.2 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 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 Office of Statewide Health Planning and Development (OSHPD) 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 2019 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

## **II. Overview and Description of Community Benefit Programs Provided**

### **A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution**

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

In 2019, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,439,765,145 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 2019** (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$618,814,234
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$257,894
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$282,502,318
Grants and donations for medical services <sup>4</sup>	\$218,070,775
<b>Subtotal</b>	<b>\$1,119,645,221</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,158,972
Educational Outreach Program	\$953,512
Youth Employment programs <sup>6</sup>	\$3,564,302
Grants and donations for community-based programs <sup>7</sup>	\$133,179,218
Community Benefit administration and operations <sup>8</sup>	\$25,624,463
<b>Subtotal</b>	<b>\$166,480,466</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$1,112,480
Kaiser Permanente Educational Theatre	\$5,974,079
Community Giving Campaign administrative expenses	\$829,290
Grants and donations for the broader community <sup>10</sup>	\$671,153
National board of directors fund	\$742,767
<b>Subtotal</b>	<b>\$9,329,769</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$87,840,700
Non-MD provider education and training programs <sup>11</sup>	\$25,255,180
Grants and donations for the education of health care professionals <sup>12</sup>	\$436,011
Health research	\$30,777,798
<b>Subtotal</b>	<b>\$144,309,689</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,439,765,145</b>

## TABLE A ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> Amount reflects the net expenditures after scholarships for health professional education and training programs.
- <sup>12</sup> 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 2019**

<b>NORTHERN CALIFORNIA HOSPITALS</b>		<b>SOUTHERN CALIFORNIA HOSPITALS</b>	
Antioch	\$35,768,656	Anaheim	\$41,728,249
Fremont	\$22,508,271	Baldwin Park	\$37,388,708
Fresno	\$24,990,841	Downey	\$50,333,791
Manteca	\$38,529,039	Fontana	\$72,058,825
Modesto	\$22,587,451	Irvine	\$18,035,249
Oakland	\$62,195,446	Los Angeles	\$59,387,017
Redwood City	\$23,440,689	Moreno Valley	\$15,967,219
Richmond	\$45,731,685	Ontario	\$25,273,294
Roseville	\$53,868,961	Panorama City	\$46,014,300
Sacramento	\$88,401,308	Riverside	\$41,883,128
San Francisco	\$49,037,146	San Diego	\$61,354,560
San Jose	\$34,701,054	South Bay	\$35,132,387
San Leandro	\$42,644,714	West Los Angeles	\$45,513,316
San Rafael	\$23,415,220	Woodland Hills	\$29,875,524
Santa Clara	\$51,337,799		
Santa Rosa	\$42,526,681		
South Sacramento	\$66,121,388		
South San Francisco	\$24,953,097		
Vacaville	\$31,496,130		
Vallejo	\$43,610,238		
Walnut Creek	\$31,953,764		
<b>Northern California Total</b>	<b>\$859,819,578</b>	<b>Southern California Total</b>	<b>\$579,945,569</b>

## **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

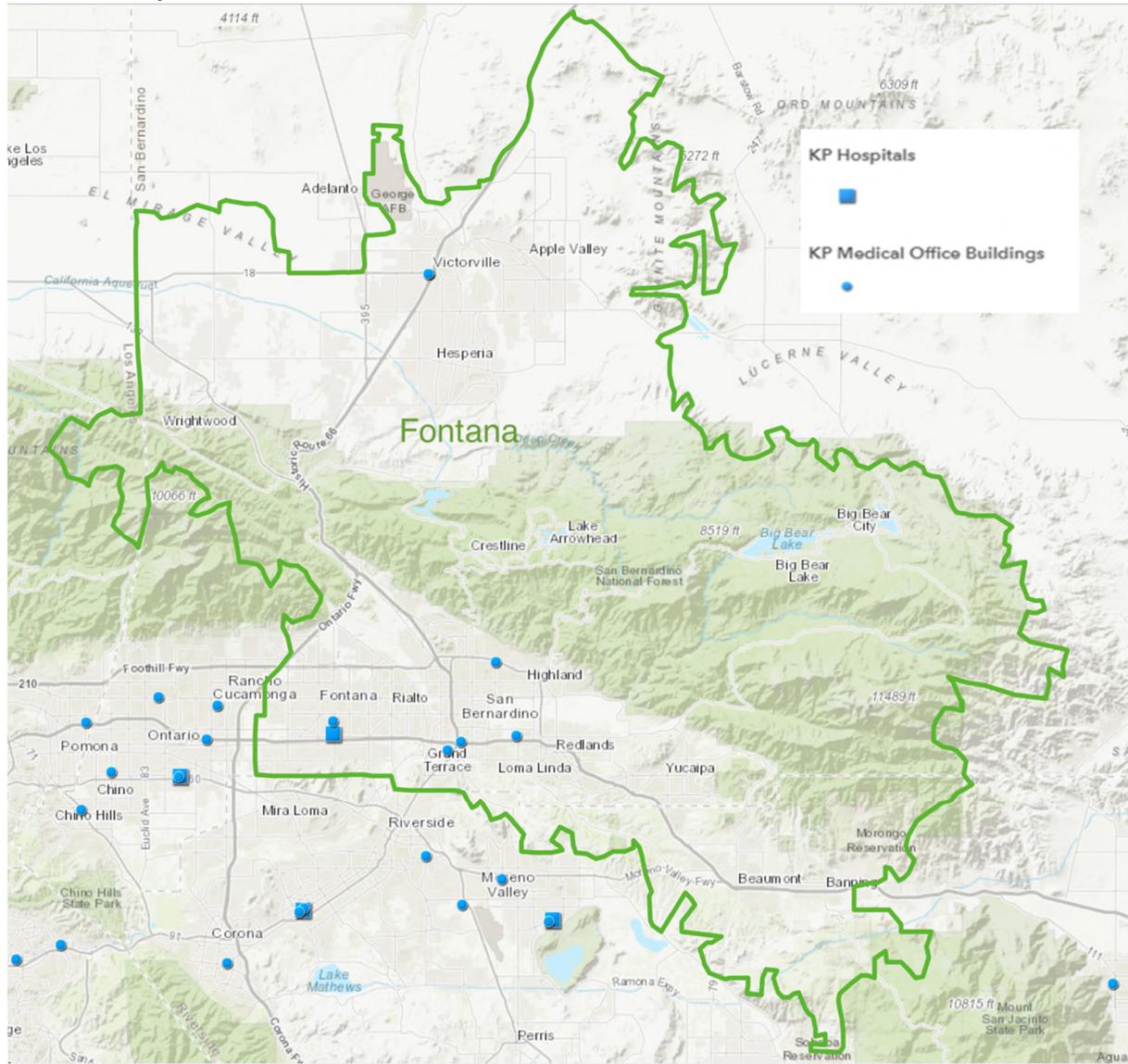
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

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

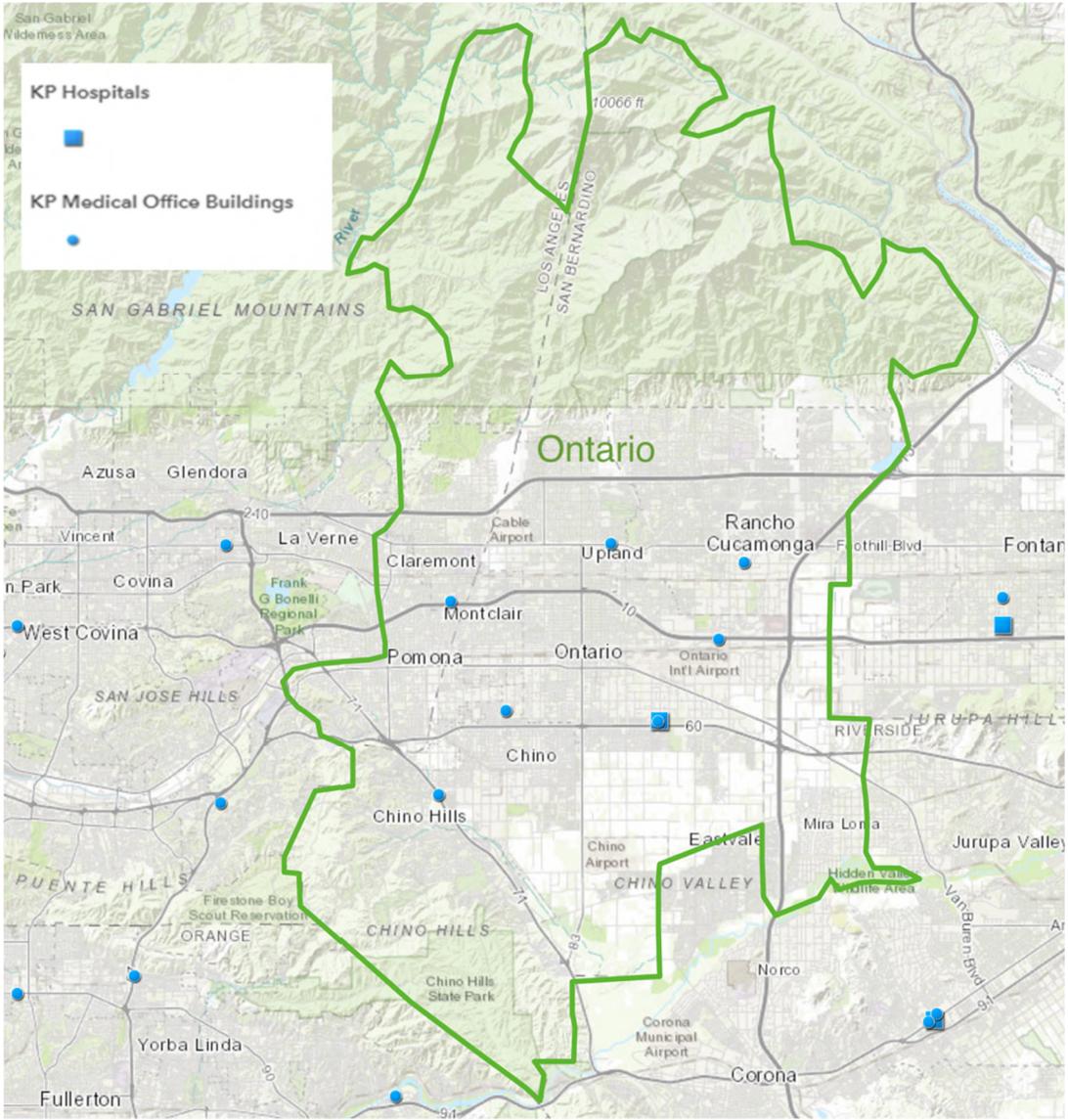
The KFH-Fontana service area includes the majority of San Bernardino County and the northwest portion of Riverside County. This includes the communities of Angelus Oaks, Apple Valley, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Calimesa, Cedar Glen, Cedarpines Parks, Cherry Valley, 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.

### KFH-Fontana Service Area Map



### KFH-Ontario Service Area Map



## C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic 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/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2018; ACS 5-year estimates, 2013-2017; Bureau of Labor Statistics, 2018]

### KFH-Fontana Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,429,178	Living in Poverty (<100% Federal Poverty Level)	19.8%
Asian/Pacific Islander	5.21%	Children in Poverty	25.7%
Black	8.54%	Unemployment	4.2%
Hispanic/Latino	55.68%	Uninsured Population	12.3%
Native American/Alaska Native	0.38%	Adults with No High School Diploma	23.5%
Some Other Race	0.16%		
Multiple Races	2.23%		
White	27.80%		

### KFH-Ontario Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	850,674	Living in Poverty (<100% Federal Poverty Level)	13.2%
Asian/Pacific Islander	11.89%	Children in Poverty	17.6%
Black	6.19%	Unemployment	4.4%
Hispanic/Latino	54.89%	Uninsured Population	11.0%
Native American/Alaska Native	0.22%	Adults with No High School Diploma	19.2%
Some Other Race	0.20%		
Multiple Races	2.14%		
White	24.48%		

## IV. KFH-Fontana and Ontario Community Health Needs

The following are the health needs that KFH-Fontana and Ontario is addressing during the 2017-2019 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 2016 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

### A. Health Needs Addressed

#### KFH-Fontana Service Area

##### a. Access to Care

Access to care impacts the community of the KFH-Fontana Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area 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 the area are uninsured and receiving Medi-Cal. Community stakeholders identified health care access as being especially problematic for those living in the Mountain and High Desert regions of the 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 area, undocumented and mixed-status families, 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.

##### b. Economic Security

Issues of economic security, such as unemployment and limited educational attainment, are social determinants of health that greatly impact the length and quality of an individual's life. Unemployment remains higher in the KFH-Fontana Medical Center Service Area (area) compared to the State of California. Residents in area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200%. Blacks, Native Americans and Hispanic or Latinos in the area are more likely to live below the FPL compared to other race/ethnicity. Furthermore, Blacks and Hispanic or Latinos have the lowest high school graduation rates in the area. In the area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with "non-proficient" reading levels. Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as disproportionately impacted by poverty 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. 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.

##### c. Mental and Behavioral Health

Mental and behavioral 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. In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days. Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Fontana Medical Center Service Area (area). The area has fewer mental health service providers per 100,000 people than the State of California. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults. Community members reported that mental illness impacts

the homeless, veterans and people of color disproportionately more than members of other groups. 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) several primary areas of disparity were identified. These included: stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

#### **d. Obesity/HEAL/Diabetes**

In the KFH-Fontana Service Area (area), the prevalence of obesity was just over 36% in adults. 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. 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. In the area, 9.5% of the population has been diagnosed with diabetes. While adults in the area are about as likely to be overweight as adults as those in California, there are proportionately higher rates of obesity among adults in the service area. The same pattern holds true for youth. Diabetes is more prevalent in the area and there are more diabetes-related hospitalizations.

### **KFH- Ontario Service Area**

#### **a. 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. 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. Access to care greatly impacts residents of the KFH-Ontario Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. In the area, 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.

#### **b. Economic Security**

Economic security includes factors - such as income, neighborhood environment, and access to resources - that can impact the overall ability of families or individuals to be healthy. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children in low income families. Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-Ontario Medical Center Service Area (area). Unemployment remains higher in the area compared to the state. Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Ontario Medical Center Service Areas compared to the state. Hispanic or Latinos and Blacks have the highest percentage of 4th graders with “non-proficient” reading levels.

### **c. Mental and Behavioral Health**

Mental and behavioral 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. Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Ontario Medical Center Service Area (area). The area has fewer mental health service providers per 100,000 people than the state. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults in the state.

### **d. Obesity/HEAL/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 KFH-Ontario service area, the prevalence of obesity was just over 36% in adults. 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. In the KFH-Ontario service area, 9.2% of the population has been diagnosed with diabetes. 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 state. Diabetes is also more prevalent in the KFH-Ontario Medical Center Service Area than the state and diabetes hospitalization rates are equivalent to those statewide.

## **B. Health Needs Not Addressed KFH-Fontana Service Area**

Below is the list of health needs that were not selected for KFH-Fontana, in alphabetical order. The health needs were not selected because they did not meet the high need/high feasibility criteria mentioned in Section VIII and were not considered borderline health needs. Health needs were considered "medium-low" for need and feasibility criteria showed they did not demonstrate a combination of high magnitude and severity, large health disparities within the community, a substantial amount of Kaiser Foundation Hospital assets, or a high ability to leverage internal and external KFH assets. KFH-Fontana also aimed to address the upstream drivers of poor health where possible, due to the fact that strategies that intervene "upstream" have the potential to impact a variety of downstream health outcomes simultaneously.

1. Asthma
2. Cancer
3. Cardiovascular Disease and Stroke
4. Health and Climate
5. HIV/AIDS/Sexually Transmitted Infections
6. Maternal and Infant Health
7. Oral Health
8. Substance Abuse and Tobacco Use
9. Violence and Injury Prevention

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Fontana will look for collaboration

opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.

## **KFH-Ontario Service Area**

Below is the list of health needs that were not selected for KFH-Ontario, in alphabetical order. The health needs were not selected because they did not meet the high need/high feasibility criteria mentioned in Section VIII and were not considered borderline health needs. Health needs were considered “medium-low” for need and feasibility criteria showed they did not demonstrate a combination of high magnitude and severity, large health disparities within the community, a substantial amount of Kaiser Foundation Hospital assets, or a high ability to leverage internal and external KFH assets. KFH-Ontario also aimed to address the upstream drivers of poor health where possible, due to the fact that strategies that intervene “upstream” have the potential to impact a variety of downstream health outcomes simultaneously.

1. Asthma
2. Cancer
3. Cardiovascular Disease and Stroke
4. Health and Climate
5. HIV/AIDS/Sexually Transmitted Infections
6. Maternal and Infant Health
7. Oral Health
8. Substance Abuse and Tobacco Use
9. Violence and Injury Prevention

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Ontario will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.

## V. 2017-2019 Strategies to Address Health Needs

This section details the strategies the hospital will use to address the community health needs raised in its community health needs assessment. For a complete description of the 2017-2019 Implementation Strategy Plan, please visit <http://www.kp.org/chna>.

### **KFH-Fontana Service Area**

#### **Mental and Behavioral Health**

KFH-Fontana's long-term goal for addressing mental health is to increase the number of community members that have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health
- Promote positive mental health by fostering community cohesion and social and emotional support

These priorities have guided the development of the following core strategies to address mental health in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support evidence-based and promising family and youth development programs in school settings focused on conflict resolution, violence/bullying, mentoring, trauma, and/or suicide prevention.
- Support integration of healthcare with community-based mental health services, such as training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of substance abuse, prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) across school districts and universities.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

#### **Economic Security**

KFH-Fontana's long-term goal for addressing economic security is that all community members experience improved economic security, including access to employment, educational opportunities, and other factors that influence health, including access to affordable fresh food and reduction in homelessness. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Reduce and prevent displacement and homelessness
- Improve employment opportunities
- Reduce food insecurity in the community
- Improve education attainment

These priorities have guided the development of the following core strategies to address economic security in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support educational attainment programs focused on: 1) High School dropout prevention; 3) Mentoring for students at-risk, homeless, foster care; 4) College enrollment; 5) Health care workforce pipeline 5) Science, Technology, Engineering, and Mathematics (STEM).
- Support employment programs focused on: 1) Employment skills development, education, and training through career-employment bridge programs, transitional employment programs (time-limited, subsidized, paid jobs) as a bridge to unsubsidized employment, on-the-job training.
- Support programs that focus on 1) Shelter/housing for homeless; 2) rapid re-housing or 3) tenant-based rental assistance for low-income families to create a path to more housing options, to include intake of all needs, case management, and follow-up.
- Participate and support a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues.
- Support cities, schools, community-based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC).
- Support community-based organizations and networks to build their capacity to advance economic security.
- Support efforts to assess upstream social and basic needs and coordinate with community based organizations.

### **Access to Care**

KFH-Fontana's long-term goal for addressing access to care is to increase the number of community members that have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.
- Enhance individuals' utilization of the community-based health delivery system.

These priorities have guided the development of the following core strategies to address access to care in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations
- Explore opportunities between hospitals and safety net community clinic providers to reduce hospital readmissions (follow up appointments to community clinics upon discharge).
- Support solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance such as a) outreach, enrollment, and retention efforts to increase access to health care coverage and b) use of Community Health Workers to

connect residents to medical homes, onboarding / orientation for new patient members, including education about patient centered medical home concept and how to access clinical preventive services.

- Support the provision of high quality healthcare (including preventive services and specialty care) for underserved populations including education on use of routine care, urgent care, and care coordination (promotores/community health workers).
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to healthcare for the underserved.
- Leverage KP assets to drive coverage and access to healthcare for the underserved and build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.

### **Obesity/HEAL/Diabetes**

KFH-Fontana's long-term goal for addressing obesity/HEAL/diabetes is to increase the number of community members that eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve access to opportunities for physical activity in the community
- Improve access to healthy food options in the community

These priorities have guided the development of the following core strategies to address obesity/HEAL/diabetes in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support cities, schools, community-based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC).
- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Support multi-level, multi-component initiatives/programs in school and community settings, etc.to support access to healthy, affordable food and physical activity-promoting environments where people work, live and play.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living.

### **KFH-Ontario Service Area**

#### **Mental and Behavioral Health**

KFH-Ontario's long-term goal for addressing mental health is to increase the number of community members that have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health

- Promote positive mental health by fostering community cohesion and social and emotional support
- These priorities have guided the development of the following core strategies to address mental health in the community.
- Support evidence-based and promising family and youth development programs in school settings focused on conflict resolution, violence/bullying, mentoring, trauma, and/or suicide prevention
- Support integration of healthcare with community-based mental health services, such as training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of substance abuse, prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) across school districts and universities.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

### **Economic Security**

KFH-Ontario's long-term goal for addressing economic security is that all community members experience improved economic security, including access to employment, educational opportunities, and other factors that influence health, including access to affordable fresh food and reduction in homelessness. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Reduce and prevent displacement and homelessness
- Improve employment opportunities
- Reduce food insecurity in the community
- Improve education attainment

These priorities have guided the development of the following core strategies to address economic security in the community. A large subset of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support educational attainment programs focused on: 1) High School dropout prevention; 3) Mentoring for students at-risk, homeless, foster care; 4) College enrollment; 5) Health care workforce pipeline 5) Science, Technology, Engineering, and Mathematics (STEM).
- Support employment programs focused on 1) Employment skills development, education, and training through career-employment bridge programs, transitional employment programs (time-limited, subsidized, paid jobs) as a bridge to unsubsidized employment, on-the-job training.
- Support programs that focus on 1) Shelter/housing for homeless; 2) rapid re-housing or 3) tenant-based rental assistance for low-income families to create a path to more housing options, to include intake of all needs, case management, and follow –up.
- Participate and support a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues.
- Support cities, schools, community-based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.

- Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC).
- Support community-based organizations and networks to build their capacity to advance economic security.
- Support efforts to assess upstream social and basic needs and coordinate with community-based organizations.

### **Access to Care**

KFH-Ontario's long-term goal for addressing access to care is to increase the number of community members that have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.
- Enhance individuals' utilization of the community-based health delivery system.

These priorities have guided the development of the following core strategies to address access to care in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.
- Explore opportunities between hospitals and safety net community clinic providers to reduce hospital readmissions (follow up appointments to community clinics upon discharge).
- Support solutions that address the health care needs of people who do not qualify for low-cost or no- cost health insurance such as a) outreach, enrollment, and retention efforts to increase access to health care coverage and b) use of Community Health Workers to connect residents to medical homes, onboarding / orientation for new patient members, including education about patient centered medical home concept and how to access clinical preventive services.
- Support the provision of high-quality healthcare (including preventive services and specialty care) for underserved populations including education on use of routine care, urgent care, and care coordination (promotores/community health workers).
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage KP assets to drive coverage and access to healthcare for the underserved and build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.

### **Obesity/HEAL/Diabetes**

KFH-Ontario's **long-term goal** for addressing obesity/HEAL/diabetes is to increase the number of community members that eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- Improve access to opportunities for physical activity in the community
- Improve access to healthy food options in the community

These priorities have guided the development of the following core strategies to address obesity/HEAL/diabetes in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support cities, schools, community-based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC).
- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Support multi-level, multi-component initiatives/programs in school and community settings, etc. to support access to healthy, affordable food and physical activity-promoting environments where people work, live and play.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living.

## VI. 2019 Year-End Results for KFH-Fontana and Ontario

The 2019 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 2017-2019 Implementation Strategy Plan at <http://www.kp.org/chna>.

### A. 2019 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 2019 Year-End Community Benefit Expenditures**

	Fontana 2019 Totals	Ontario 2019 Totals
<b>Medical Care Services for Vulnerable Populations</b>		
Medi-Cal shortfall <sup>1</sup>	\$34,647,532	\$15,097,579
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$7,415	\$11,417
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$17,078,251	\$2,284,939
Grants and donations for medical services <sup>4</sup>	\$3,821,422	\$2,315,483
<b>Subtotal</b>	<b>\$55,554,620</b>	<b>\$19,709,418</b>
<b>Other Benefits for Vulnerable Populations</b>		
Summer Youth and INROADS programs <sup>6</sup>	\$87,459	\$10,158
Grants and donations for community-based programs <sup>7</sup>	\$6,444,741	\$3,919,845
Community Benefit administration and operations <sup>8</sup>	\$818,622	\$404,861
<b>Subtotal</b>	<b>\$7,350,822</b>	<b>\$4,334,864</b>
<b>Benefits for the Broader Community</b>		
Community health education and promotion programs	\$92,736	\$57,776
Kaiser Permanente Educational Theatre <sup>9</sup>	\$393,895	\$246,966
Community Giving Campaign administrative expenses	\$8,078	\$5,033
Grants and donations for the broader community <sup>10</sup>	\$25,786	\$12,949
National board of directors fund	\$24,697	\$15,387
<b>Subtotal</b>	<b>\$545,192</b>	<b>\$338,111</b>
<b>Health Research, Education and Training</b>		
Graduate Medical Education	\$7,022,608	\$6,161
Non-MD provider education and training programs <sup>11</sup>	\$849,691	\$393,264
Grants and donations for health research, education, and training <sup>12</sup>	\$24,634	\$48,347
Health research	\$711,258	\$443,129
<b>Subtotal</b>	<b>\$8,608,191</b>	<b>\$890,901</b>
<b>Total Community Benefits Provided</b>	<b>\$72,058,825</b>	<b>\$25,273,294</b>

*TABLE C ENDNOTES*

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> 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.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>12</sup> 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. 2019 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 conduct evaluation 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 2019 (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 2019, Educational Theater provided 62 events in 37 schools in the KFH-Fontana communities, reaching 14,929 youth and 561 adults; and 27 events in 19 schools in the KFH-Ontario communities, reaching 6,778 youth and 222 adults.

Need	Summary of impact	Examples of most impactful efforts
<p><b>Access to Care</b></p>	<p>During 2019, Kaiser Permanente paid 9 grants, totaling \$150,222 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 pay 3 grants, totaling \$55,278 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 8 grants, totaling \$125,222 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 pay 4 grants, totaling \$154,278 that addresses this need.</p>	<p><b><u>Providing Affordable Healthcare</u></b>                  In 2019, KFH-Fontana provided \$34,647,532 in medical care services to 48,097 Medi-Cal recipients (both health plan members and non-members) and \$17,078,251 in medical financial assistance (MFA) for 17,577 beneficiaries.</p> <p>In 2019, KFH-Ontario provided \$15,097,579 in medical care services to 18,819 Medi-Cal recipients (both health plan members and non-members) and \$2,284,939 in medical financial assistance (MFA) for 7,986 beneficiaries.</p> <p><b><u>Connecting Local Health Care Providers to the Coordinated Entry System*</u></b>                  Inland Empire United Way (IEUW), is the authorized operator of 2-1-1 San Bernardino and the Pathways Home program, which serves as the Coordinated Entry System (CES) for the entire San Bernardino County area. This project will expand CES to include two Homeless Health Outreach staff focused on responding to homeless client healthcare needs. Coordinated Entry system in a formal process to link clients who have no home to go to from discharge. In 2019, Kaiser Permanent paid \$99,000 to IEUW to:</p> <ul style="list-style-type: none"> <li>• Hire and train two qualified Homeless Health Outreach staff members focused on the client health and enrollment.</li> <li>• Survey at least 80% of the 27 hospitals and major community clinics in San Bernardino County about unmet needs in serving homeless clients.</li> <li>• Develop a basic client health assessment, associated data entry, and CalFresh/Medi-Cal enrollment protocols for street outreach activities.</li> </ul> <p><b><u>Activating Delivery of High-Quality Care for Medically Underserved Populations~</u></b>                  Community Health Association Inland Southern Region (CHAISR) supports its members clinics 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. In 2019, Kaiser Permanent paid \$225,000 (split among 3 service areas) to CHAISR to:</p> <ul style="list-style-type: none"> <li>• Enhance technical assistance services based on annual member needs assessment key findings (e.g. FQHC compliance, behavioral health integration, telehealth, eConsult)</li> <li>• Expand advocacy efforts at the local, state and federal level to mitigate negative impacts due to policy and regulations that may affect health centers and/or the patients they serve Assist current members with expansion efforts to add two to four new clinical sites in underserved communities</li> </ul>

		<p><b><u>Providing Medical Care to Underserved Populations</u></b>                  Kaiser Permanente’s core functions are leveraging their assets to improve access to health care in the KFH-Fontana and Ontario service area. For example:</p> <ul style="list-style-type: none"> <li>• Physician Community Clinic Engagement: Over one year, 21 SCPMG physicians provided a total of 929 medical community service hours to provide primary care and specialty care services to 2,232 low-income and uninsured clients of Al Shifa Free Clinic (Muscoy), Lestonnac Free Clinic (San Bernardino), and the Well of Healing Mobile Medical Clinic located in Muscoy, Ontario, Fontana, San Bernardino.</li> <li>• Physician Specialty Care: Over one year, KFH-Fontana held the once a year Community Saturday Surgery Day where 60 Kaiser Permanente surgeons, anesthesiologists, and staff volunteered a total of 120 hours to provide medical procedures (colonoscopies, hernia repairs, and cataract surgeries) to 15 low-income, uninsured individuals who do not qualify for any other public assistance program.</li> </ul>
<p><b>Economic Security</b></p>	<p>During 2019, Kaiser Permanente paid 18 grants, totaling \$233,400 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 pay 1 grant, totaling \$7,692 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 11 grants, totaling \$115,500 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 pay 1 grant, totaling \$7,692 that addresses this need.</p>	<p><b><u>Enhancing Safety Net Services in Southern California~*</u></b>                  Step Up on Second Street (SU) delivers compassionate support services to people experiencing serious mental health conditions and persons who are experiencing chronic homelessness. SU meets the complex needs of people experiencing homelessness in underserved areas of Los Angeles, Orange, San Bernardino and Riverside Counties at a time when the number of homeless is increasing. In 2019, Kaiser Permanente paid \$100,000 (split among 14 service areas) to:</p> <ul style="list-style-type: none"> <li>• Support outreach teams to provide street outreach and engagement to individuals experiencing chronic homelessness and untreated mental health conditions</li> <li>• Enroll individuals experiencing homelessness and mental health conditions assessed by outreach teams into Step Up Programs</li> <li>• Provide individuals with ongoing permanent supportive housing with supportive services such as mental health, physical health, life skills, vocational and educational opportunities</li> </ul> <p><b><u>Working to Prevent Homelessness</u></b>                  Catholic Charities San Bernardino &amp; Riverside Counties provides low-income individuals and families with flexible, culturally sensitive, tangible crisis intervention and supportive services. In 2019, Kaiser Permanente paid \$22,100 to Catholic Charities to:</p> <ul style="list-style-type: none"> <li>• Support 225 low-income families living in the High Desert (Victorville, Hesperia, Apple Valley) through an unexpected crisis resulting in housing insecurity by providing integrated services that include direct support (rental/utility assistance, motel vouchers, and other emergency support).</li> <li>• Provide casework services to help families overcome short-term crises and move to a point of stability.</li> </ul>

**Ensuring Stable Independence for Youth in Foster Care**

Child Advocates of San Bernardino County (CASBC) advocates for over 5,000 children and youth living in foster care. They are not only victims of abuse and neglect, but as a result have been removed from their homes and family and placed into foster care. Left with little or no consistent guiding presence in their lives, they are often lost, confused, and alone. Sadly, they then must learn how to survive and navigate the complicated and overburdened child welfare system. In 2019, Kaiser Permanente paid \$16,500 to CASBC to:

- Recruit, screen, train volunteers and match with 60 foster youth to provide mentoring, advocacy, case management, coaching, supportive services (financial assistance, post-secondary education/training, employment development, transportation, and housing)
- Provide other critical support to help keep foster youth on track as they work to achieve their goals towards self-sufficiency.

**Improving Economic Opportunity for Youth**

Kaiser Permanente's core functions are leveraging assets to improve economic security through education and pipeline programs in the KFH-Fontana and Ontario service area. For example:

- Over one year, the Hippocrates Circle Program reached a total of 65 middle school students from the San Bernardino City Unified School District who received in-depth hands-on experience focused on the career of a physician over an intense 8-week program.
- Over one year, the Summer Youth Employment Program hired 30 high school students from across the service area districts who completed an intense 6-week rotation in a diverse set of Kaiser Permanente departments (physical therapy, pediatrics, family medicine, patient support services, etc.)

**Mental and Behavioral Health**

During 2019, Kaiser Permanente paid 11 grants, totaling \$221,100 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 pay 1 grant, totaling \$40,000 that addresses this need.

During 2019, Kaiser Permanente paid 6 grants, totaling \$82,000 addressing this priority health need in the Ontario service area.

**Building Regional Behavioral Health Capacity Building**

Community Health Association Inland Southern Region supports its members clinics to 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. In 2019, Kaiser Permanente paid \$80,000 to CHAIRS to:

- Address, through collaboration, Behavioral Health access in San Bernardino County by leading region specific convenings in the High Desert, Mountains, West End, Central Area, and Morongo Basin by engaging multi-sector participation among community clinics, community based organizations, mental health providers, K-12 school districts, county, colleges and universities, shelters, community groups, Hospitals, Health Plans
- Identify top organizational and countywide capacity building needs (coordination, network building, education, and training, technical assistance, sharing of practices and resources)
- Develop a baseline assessment of existing assets, resources, and practices offered by organizations
- Understand the MHSA innovation plan to inform strategy and align to multi-sector stakeholder needs and gaps
- Build support for a strengthened and collaborative approach to providing mental/behavioral health services (e.g. telehealth, integrated behavioral health) in San Bernardino County among system stakeholders.

**Clinical Support Services for Housed Homeless**

LightHouse began providing services in 2007 to persons living with a dual diagnosis through the Riverside County Department of Mental Health’s transitional living services Homeless & Housing Opportunities, Partnerships and Education (HHOPE) Program. Over the past 10 years, LightHouse has transitioned from a small transitional living program to a comprehensive service-based organization that operates eight programs in three locations that assist families, individuals, veterans, and unaccompanied youth with housing stabilization. In 2019, Kaiser Permanente paid \$19,000 to LightHouse to:

- Provide home-based mental health therapy and support to 70 veterans, families, and unaccompanied youth newly housed but previously homeless, address multiple barriers to obtaining and maintaining permanent housing.

		<p><b><u>Providing Free Therapy and Health Education</u></b>                  Kaiser Permanente’s core functions across the enterprise are using their assets to improve mental health &amp; wellness in the KFH-Fontana and Ontario service area. For example:</p> <ul style="list-style-type: none"> <li>• Over one year, Kaiser Permanente Child Psychiatry provided weekly one-on-one therapy treatment to 10 students onsite at three elementary schools (Fontana Unified School District) totaling 480 therapy sessions.</li> <li>• Education/Awareness: Educational Theatre reached 4,461 students (grades 3-5<sup>th</sup>), at 10 schools, through their Conflict Management performance.</li> <li>• Education/Awareness: Educational Theatre reached nearly 8,438 students (grades 6 –8<sup>th</sup>), at 17 schools through their Adolescent Bullying Awareness performance.</li> </ul>
<p><b>Obesity/ HEAL/ Diabetes</b></p>	<p>During 2019, Kaiser Permanente paid 8 grants, totaling \$65,167 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 pay 2 grants, totaling \$24,875 that addresses this need.</p> <p>During 2019, Kaiser Permanente paid 3 grants, totaling \$20,854 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 pay 5 grants, totaling \$207,375 that addresses this need.</p>	<p><b><u>Supporting Healthy Eating and Active Living through Systems Change*</u></b>                  The City of Ontario’s HEAL Zone makes policy, system, and environmental changes to increase healthy eating and physical activity opportunities in the city of Ontario. In 2019, Kaiser Permanente paid \$90,000 to the City of Ontario to:</p> <ul style="list-style-type: none"> <li>• Engage promotores conduct weekly outreach, education and promotion of HEAL Zone resources at five Health Hub locations.</li> <li>• Provide 33 free weekly classes to 12,000 residents through Zum Up! strategy and walking clubs.</li> <li>• Provide plant-based nutrition education to 600 residents at Health Hubs</li> <li>• Engage promotores and Zum Up! health coaches inform the City in the development of the Active Transportation Master Plan</li> </ul> <p><b><u>Promoting Policies and Funding for Safe Routes to School and Active Transportation~</u></b>                  Safe Routes to School National Partnership advances safe walking and biking to and from schools, improves the health and wellbeing for kids of all races, income levels and abilities and seeks to foster the creation of healthy, sustainable communities for everyone. In 2019, Kaiser Permanente paid \$100,000 (split among 15 service areas) to the National Partnership to:</p> <ul style="list-style-type: none"> <li>• Influence new policies and funding for active transportation and Safe Routes to School programs to increase physical activity and reduce safety risks for people walking and biking.</li> <li>• Provide technical assistance to 10 low income communities to support grant applications for state or other funding sources for biking and walking.</li> </ul>

**Building Capacity to Advance Healthy Communities and Reduce Health Disparities\*~**

Public Health Institute (PHI) generates and promotes research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. This grant provides essential capacity building support for Public Health Alliance staff and members of local health departments to strengthen operations, strengthen multi-sector partnerships, improve effectiveness as an organization and advance healthy communities while aiming to reduce health disparities. In 2019, Kaiser Permanente paid \$150,000 (split among 15 service areas) to Public Health Institute to:

- Develop a strategic plan to assess, strengthen and evaluate Public Health Alliance operations and successfully implement five actions from the plan.
- Strengthen existing and create new strategic partnerships by facilitating 30 multi-sector priority initiative meetings with a variety of partners.
- Develop a comprehensive communications plan and a diversified fund development plan.

**Supporting Safe, Healthy Play in Elementary Schools~**

Playworks Education Energized aims to improve the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play. Focused primarily on recess, they help schools and districts re-design recess through on-site staffing, consultative support, professional development and free resources. In 2019, Kaiser Permanente paid \$95,000 (split among 10 service areas) to Playworks to:

- Provide 15 full-day professional development workshops for 300 teachers, staff and recess aides across 101 schools.
- Provide 5 two-day advanced Recess Implementation trainings to 74 schools impacting 48,000 children.

**Promoting Food Recovery and Redistribution**

Kaiser Permanente envisions food services not only as the source of nutritious meals for their patients, staff and guests, but as a resource for local communities. Over one year, Kaiser Permanente Food and Nutrition Services partnered with Mary's Mercy Center in San Bernardino and Inland Valley Hope Partners in Pomona to:

- Redistribute cafeteria food (6,215 lbs.) from two Hospitals to support meals served to homeless shelter individuals in the KFH-Fontana and Ontario region who face food insecurity
- Education/Awareness: Educational Theatre reached nearly 3,145 students (grades 4 –5<sup>th</sup>), at 11 schools through their Healthy Eating Active Living performance to educate students and parents about the importance of good nutrition and active play.

## VII. Description of Community Health Needs KFH-Fontana and Ontario Will Address in 2020-2022

The KFH-Fontana and Ontario 2019 Community Health Needs Assessment (CHNA) is available at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs the hospital would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Fontana and Ontario is addressing in the 2020-2022 three-year cycle:

### KFH-Fontana and Ontario Service Areas

**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.

**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.

**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.