



Community Benefit Plan FISCAL YEAR 2022



FONTANA & ONTARIO | Southern California Region

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Submitted to the California Department of Health Care Access and Information in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation Hospitals (KFH)

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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 12.6 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

Kaiser Permanente is 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. 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.
- 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. For information on the CHNA, please refer to the [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) 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 annual 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 2022, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,056,168,474 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. Note that 'non-quantifiable benefits' will be highlighted in the Year-End Results section of KFH Community Benefit Plan, where applicable.

Table A**2022 Community Benefits Provided by Kaiser Foundation Hospitals in California** (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$610,762,280
Charity care: Charitable Health Coverage Programs	\$4,076
Charity care: Medical Financial Assistance Program ²	\$187,106,665
Grants and donations for medical services ³	\$24,435,416
Subtotal	\$822,308,437
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,398,981
Educational Outreach Program ⁴	\$839,692
Youth Employment programs ⁵	\$2,901,906
Grants and donations for community-based programs ⁶	\$14,526,431
Community Benefit administration and operations ⁷	\$13,731,405
Subtotal	\$35,398,415
Benefits for the Broader Community	
Community health education and promotion programs	\$1,151,767
Community Giving Campaign administrative expenses	\$667,281
Grants and donations for the broader community ⁸	\$14,672,431
National Board of Directors fund	\$742,694
Subtotal	\$17,234,173
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$113,244,627
Non-MD provider education and training programs ¹⁰	\$31,918,517
Grants and donations for the education of health care professionals ¹¹	\$1,024,087
Health research	\$35,040,218
Subtotal	\$181,227,448
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,056,168,474

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy to low-income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular Health Plan membership card and have access to the same services and providers as other health plan individual and family plan members. Charitable Health Coverage Program members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need.

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 KFHP-Downey, KFHP-South Bay and KFHP-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 KFHP-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH 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-based organizations, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Celebrating over 35 years of service, Kaiser Permanente Educational Theatre has inspired and empowered millions of students and adults in communities across the United States to make healthy choices. Educational Theatre offers a wide range of award-winning theatrical productions and interactive workshops to schools throughout the Kaiser Permanente footprint.

Using the power of theatre and storytelling, our programs directly connect with students and adults through relatable characters and real-life situations. Audiences see themselves represented onstage in our culturally and ethnically diverse casts allowing them to connect with the narrative and educational messages in a meaningful way. Our team builds on this connection, inspiring students, and adults alike to make healthy choices and build stronger communities. Currently, there are 3 programs available in every Kaiser Permanente region.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. The program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

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's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy and practice to facilitate the use of evidence-based care.

Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and to become health care professionals.

III. Community Served

A. Kaiser Permanente's Definition of Community Served

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

B. Demographic Profile of Community Served

KFH-Fontana and Ontario service areas demographic profile

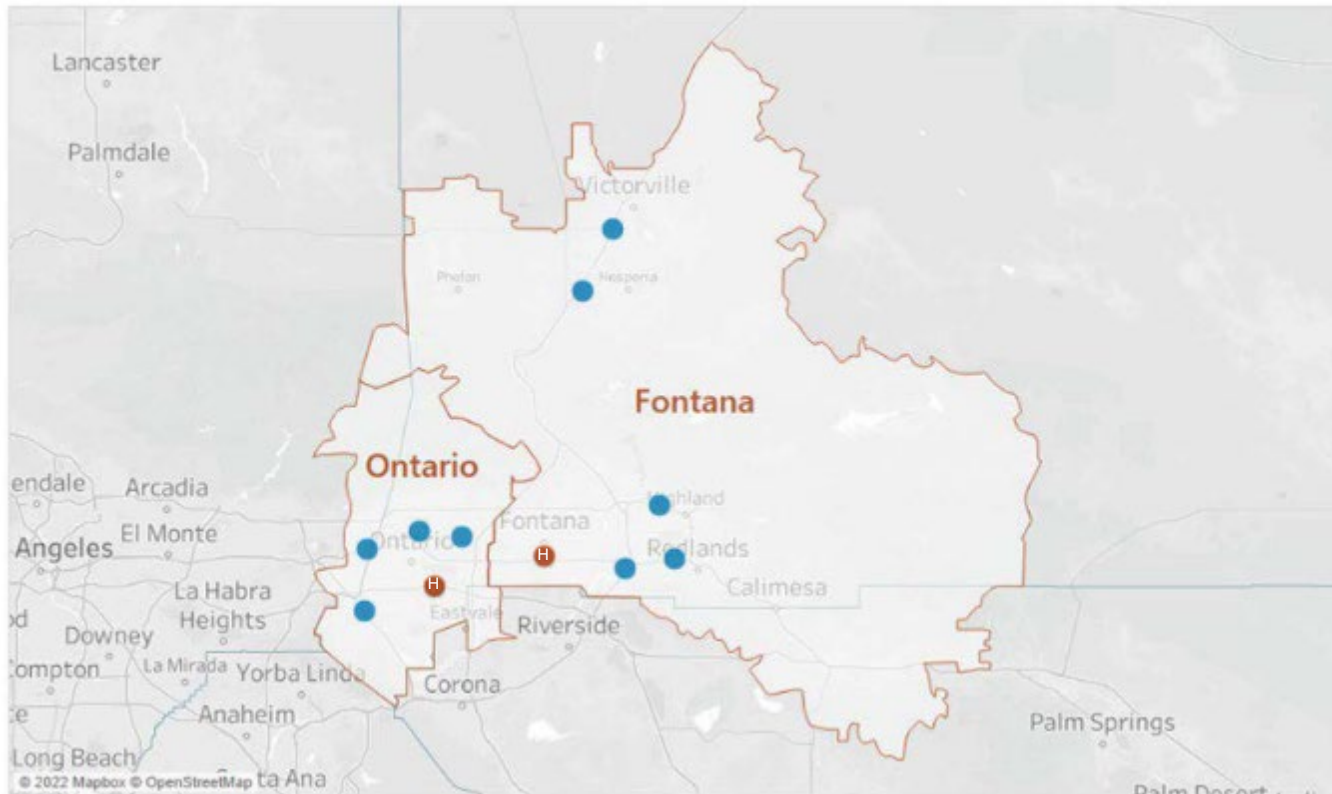
	Fontana	Ontario
Total population:	1,442,989	864,492
American Indian/Alaska Native	0.4%	0.2%
Asian	5.1%	12.1%
Black	8.5%	6.2%
Hispanic	56.7%	55.6%
Multiracial	2.2%	2.1%
Native Hawaiian/other Pacific Islander	0.3%	0.2%
Other race/ethnicity	0.2%	0.2%
White	26.7%	23.4%
Under age 18	27.6%	23.9%
Age 65 and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

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH- Fontana and Ontario service areas

 Kaiser Permanente hospital  Kaiser Permanente medical offices



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. Description of Community Health Needs Addressed

KFH- Fontana and Ontario are addressing the following health needs 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 the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **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. 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, and 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). 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, to improve health overall, individuals need to have access to regular preventive care.

2. **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 SCAL. 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 100,00 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.
3. **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. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- 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 are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B**KFH-Fontana and Ontario Community Benefits Provided in 2022** (Endnotes in Appendix)

Category	Fontana	Ontario
Medical Care Services for Vulnerable Populations	Total Spend	Total Spend
Medi-Cal shortfall ¹	\$29,629,033	\$10,772,133
Charity care: Medical Financial Assistance Program ²	\$7,705,104	\$1,149,306
Grants and donations for medical services ³	\$164,149	\$34,283
Subtotal	\$37,498,286	\$11,955,722
Other Benefits for Vulnerable Populations		
Youth Employment programs ⁵	\$48,948	-
Grants and donations for community-based programs ⁶	\$769,797	\$442,588
Community Benefit administration and operations ⁷	\$530,108	\$215,407
Subtotal	\$1,348,853	\$657,995
Benefits for the Broader Community		
Community health education and promotion programs	\$102,752	\$62,251
Community Giving Campaign administrative expenses	\$11,629	\$7,045
Grants and donations for the broader community ⁸	\$195,513	\$94,215
National Board of Directors fund	\$26,112	\$15,820
Subtotal	\$336,006	\$179,331
Health Research, Education, and Training		
Graduate Medical Education ⁹	\$8,425,679	\$9,289
Non-MD provider education and training programs ¹⁰	\$1,076,151	\$300,095
Grants and donations for the education of health care professionals ¹¹	\$133,916	\$72,311
Health research	\$638,069	\$386,567
Subtotal	\$10,273,815	\$768,262
TOTAL COMMUNITY BENEFITS PROVIDED	\$49,456,960	\$13,561,310

B. Examples of Activities to Address 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 is 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 [2019 CHNA Report and the 2020-2022 Implementation Strategy Report](http://www.kp.org/chna) (<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 Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente 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 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. In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California (SCAL) provided the following services:

- Educational Theater provided 24 events in KFH-Ontario communities, reaching 2,192 youth and 99 adults across 6 locations.
- Educational Theater provided 79 events in KFH-Fontana communities, reaching 10,068 youth and 462 adults across 16 locations.

In addition to the highlights outlined in the tables below to address specific health needs, Kaiser Permanente SCAL funded significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF-managed funds, however, are not included in the financial totals for 2022.

Need	Examples of most impactful efforts
Access to Care	<p>Medi-Cal and Charity Care: In 2022, KFH-Fontana provided access to care to 65,403 Medi-Cal members and provided financial assistance to 8,315 people through the Medical Financial Assistance (MFA) program. In 2022, KFH-Ontario provided access to care to 26,072 Medi-Cal members and provided financial assistance to 2,515 people through the Medical Financial Assistance (MFA) program.</p>
	<p>Core Support for the California Health Care Safety Net Institute (SNI): SNI's mission is to support California's public health care systems by shaping statewide health policy, providing performance measurement and reporting expertise, and accelerating decision-making and learning within and across member systems. SNI will work with California's public health care systems by designing and implementing programming that improves access to care and system capacity to deliver higher quality, more equitable, and efficient health care. (This impacts 15 service areas across SCAL)</p>
	<p>Core Support for California Primary Care Association (CPCA): The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education, and services as key players in the health care delivery system to improve the health status of their communities. CPCA's core services include training, technical assistance, convenings, conferences, and peer networks. This will also support outreach activities to strengthen and engage membership and education of policymakers. (This impacts 15 service areas across SCAL)</p>
Mental and Behavioral Health	<p>Achieving a Healthier Generation Through Thriving Schools: The mission of the Alliance for a Healthier Generation, Inc. is to promote healthy environments so that young people can achieve lifelong good health. Alliance for a Healthier Generation, Inc. was awarded \$825,000 over 3 years for the project, Achieving a Healthier Generation with Thriving Schools. This will support school districts in under-resourced communities with implementing policies, systems, and environmental changes that will improve the health and well-being of students, staff, teachers, and families. This grant is expected to serve 854,135 students and teachers. (This grant impacts 15 service areas across SCAL)</p>

Need	Examples of most impactful efforts
	<p>Supporting California Children’s Behavioral Health: The mission of Children Now is to find common ground among influential opinion leaders, interest groups, and policymakers to develop and drive socially innovative win-win approaches to helping all children achieve their full potential. Children Now was awarded \$300,000 over 2 years to build on and coordinate the State’s recent significant investments in school mental health. This work will help ensure all students and young people in California, especially those exposed to poverty, racism, or other adverse childhood experiences, have access to the behavioral health supports they need to thrive. (This grant impacts 15 service areas across SCAL)</p> <p>The Awareness Project: The mission of the City of Fontana is to enrich the lives of all people by embracing opportunity and encouraging the health and wellness of its residents. The Healthy Fontana initiative promotes nutrition, active lifestyles, and access to healthy, fresh foods. The City of Fontana was awarded \$20,000 over 1 year for the Awareness Project. This grant will expand the program to raise awareness of mental health and reduce the stigma that can be associated with mental illness. This grant is expected to serve 5,000 individuals.</p>
Economic Security	<p>Technical Assistance for Homekey 2.0 Applicants and Grantees: The mission of Enterprise Community Partners, Inc. is to make home and community places of pride, power, belonging, and platforms for resilience and upward mobility for all. Enterprise Community Partners, Inc. was awarded \$750,000 over 1 year. Homekey is a statewide effort to sustain and rapidly expand housing for persons experiencing homelessness or at risk of homelessness. Enterprise Community Partners will provide technical assistance to Homekey applicants, including state, regional, and local public entities, to ensure successful applications and implementation of supportive housing. This grant is expected to provide 1,400 housing units. (This grant impacts 15 service areas across SCAL)</p>
	<p>Inner City Capital Connections (ICCC): Initiative for a Competitive Inner City (ICIC) drives inclusive economic prosperity in under-resourced communities through innovative research and programs to create jobs, income, and wealth for residents. ICIC was awarded \$180,000 over 1.75 years. ICCC helps Black, Indigenous, and people of color- and woman-owned businesses from under-resourced communities build capacity for sustainable growth in revenue, profitability, and employment. ICIC provides a comprehensive 40-hour curriculum combining executive education, mentorship and coaching, connections to business networks and contracting opportunities, and access to debt and equity capital. The grant is expected to serve 750 individuals. (This grant impacts 15 service areas across SCAL)</p>

Need	Examples of most impactful efforts
	<p>Mary's Table: The mission of Mary's Mercy Center, Inc. (MMC) is to reaffirm the dignity of homeless and marginalized individuals by providing food, clothing, and transitional housing. MMC was awarded \$24,900 over 1 year. Mary's Table will provide meals (6 days a week) and groceries (3 times per month) for residents of the San Bernardino City community. This grant is expected to serve 15,000 people.</p>

VI. Appendix

Appendix A

2022 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$26,979,813
Fremont	\$10,775,834
Fresno	\$16,122,555
Manteca	\$35,447,298
Modesto	\$19,217,602
Oakland	\$57,855,966
Redwood City	\$17,607,838
Richmond	\$38,236,498
Roseville	\$41,485,857
Sacramento	\$78,593,064
San Francisco	\$37,437,762
San Jose	\$35,086,101
San Leandro	\$34,010,384
San Rafael	\$13,812,578
Santa Clara	\$46,557,864
Santa Rosa	\$26,553,430
South Sacramento	\$53,235,083
South San Francisco	\$13,500,189
Vacaville	\$18,910,992
Vallejo	\$31,618,729
Walnut Creek	\$20,114,925
Northern California Total	\$673,160,362

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$21,601,870
Baldwin Park	\$24,037,175
Downey	\$36,123,611
Fontana	\$49,456,960
Irvine	\$8,249,194
Los Angeles	\$51,258,150
Moreno Valley	\$10,967,852
Ontario	\$13,561,310
Panorama City	\$30,321,078
Riverside	\$25,836,843
San Diego (2 hospitals)	\$32,583,411
South Bay	\$25,857,573
West Los Angeles	\$34,885,308
Woodland Hills	\$18,267,776
Southern California Total	\$383,008,112

Appendix B

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 unreimbursed care provided to patients who qualify for Medical Financial Assistance on a cost basis.
- ³ Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- ⁴ Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- ⁵ Figures reported in this section are expenses for youth employment programs for under-represented populations.
- ⁶ Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- ⁷ The amount reflects the costs of the community benefit department and related operational expenses.
- ⁸ Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- ⁹ Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations 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.