

# 2022 Community Health Needs Assessment



Kaiser Permanente Fontana Medical Center  
Kaiser Permanente Ontario Medical Center

License number: 240000159

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022



# Kaiser Permanente Fontana Medical Center Kaiser Permanente Ontario Medical Center 2022 Community Health Needs Assessment

## CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente’s CHNA process	8
Identification and prioritization of the community’s health needs	9
Description of prioritized significant health needs	10
Health need profiles	12
2019 Implementation Strategy evaluation of impact	26
Appendix	
A. Secondary data sources	31
B. Community input	33
C. Community resources	34

# Kaiser Permanente Fontana and Ontario Medical Centers 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Fontana and Ontario medical centers conduct a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Fontana and Ontario medical centers have identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Income & employment
4. Education
5. Mental & behavioral health
6. Food insecurity

To address those needs, Kaiser Permanente Fontana and Ontario medical centers have developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

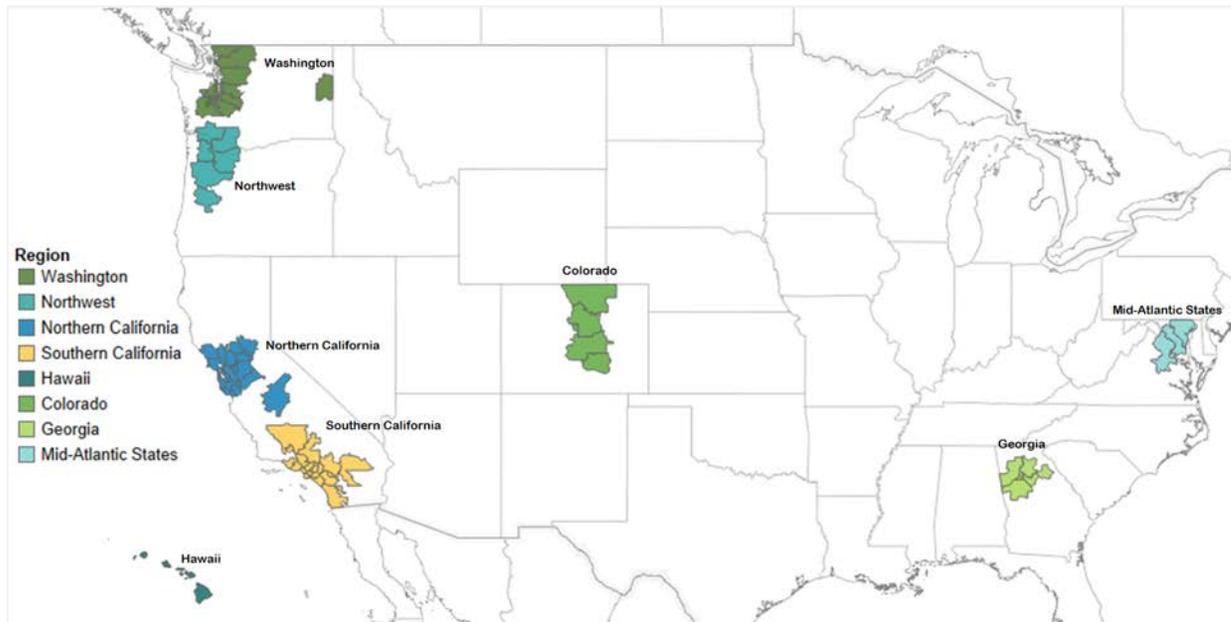
# Introduction/background

## About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

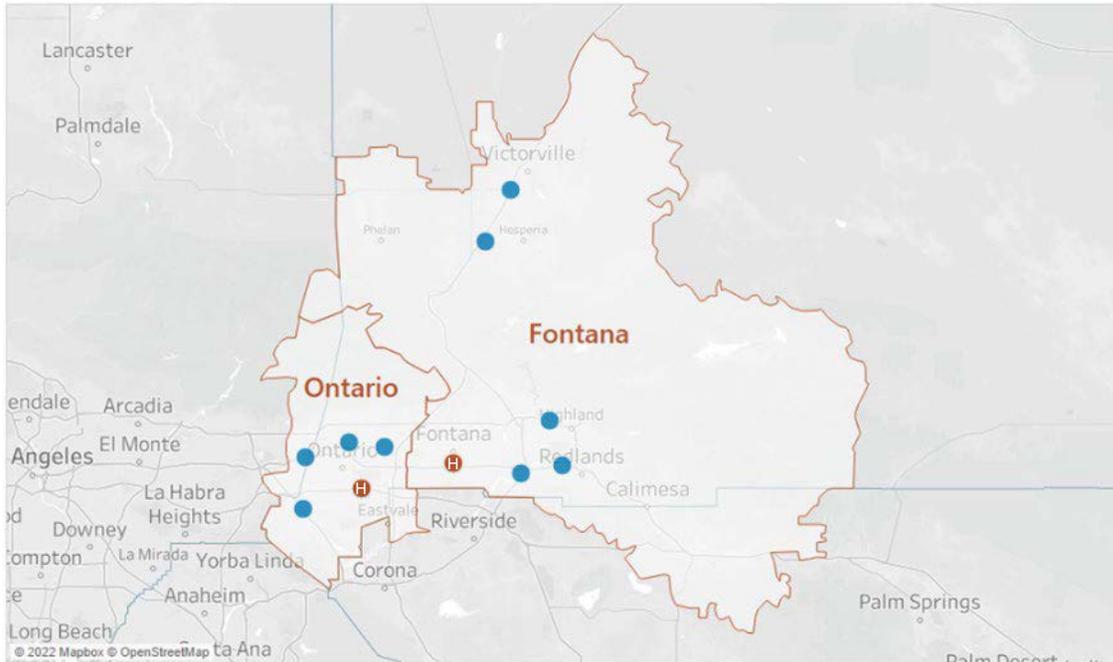
The Kaiser Permanente Fontana and Ontario medical centers 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Fontana Medical Center and Kaiser Permanente Ontario Medical Center hospital service areas include residents in a defined geographic area surrounding the hospitals and do not exclude low-income or underserved populations.

### Fontana and Ontario service areas

 Kaiser Permanente hospital     Kaiser Permanente medical offices



## 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%

## Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

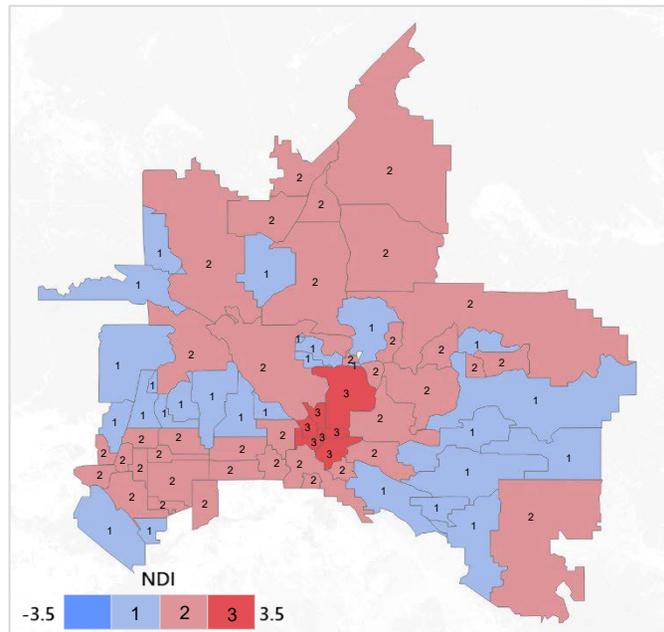
## Neighborhood disparities in the Fontana and Ontario service areas

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

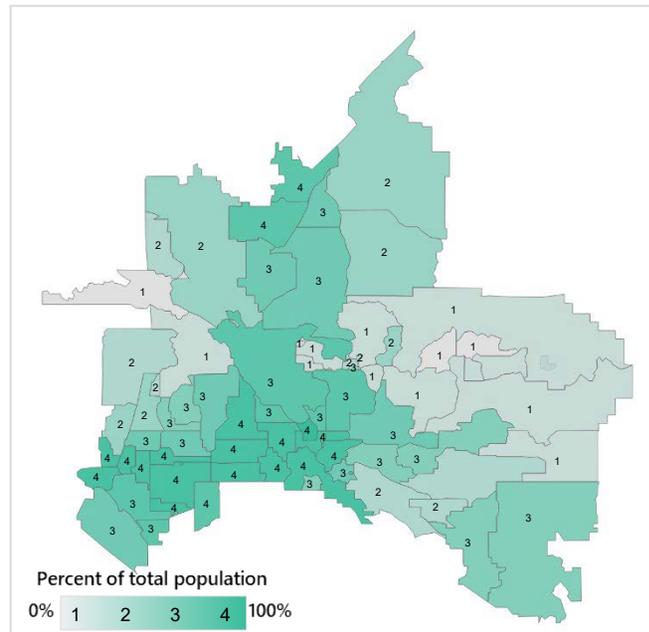
The map on the left shows the NDI for ZIP codes in the Fontana and Ontario service areas. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

### FONTANA AND ONTARIO SERVICE AREAS

Neighborhood Deprivation Index



People of color



## Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

## Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

## Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes the firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

## Methods used to identify and prioritize needs

### Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at [kp.org/chnadata](https://kp.org/chnadata). Specific sources and dates of secondary data are listed in Appendix A.

### Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fontana and Ontario medical centers Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health

disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

### Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org). This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

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

### Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Fontana and Ontario medical centers have developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

## Identification and prioritization of the community's health needs

### Process for identifying community needs in the Fontana and Ontario service areas

Before beginning the prioritization process, Kaiser Permanente Fontana and Ontario medical centers Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Fontana and Ontario medical centers Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

## Description of prioritized significant health needs in the Fontana and Ontario service areas

**1. Access to care:** Access to comprehensive, quality health care services – including having insurance, local health care options, and a usual source of care – is important for ensuring quality of life for everyone. Insurance alone does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Fontana service area, there was a lower rate of primary care physicians per 100,000 population (57.5 per 100,000) compared to the Ontario service area (60.7 per 100,000) and state average (79.8 per 100,000). Fontana and Ontario both had higher infant death rates (5.7 and 5.4 per 1,000 births) compared to the state average of 4.0 per 1,000 births. Furthermore, key informant interviewees contextualized these findings by explaining the way that several social determinants of health, such as economic security and transportation impact access to care. Lastly, racial and geographic disparities persist across San Bernardino County. For example, rural residents in the high desert and easternmost parts of San Bernardino County may have limited access to specialty care and mental health providers. Additionally, some communities avoid accessing care due to historic mistreatment and distrust with the health care system (e.g., undocumented people).

**2. Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families having trouble paying for housing. In the Fontana and Ontario service areas, there is a shortage of affordable housing and renters must now make 2.1 times the minimum wage to afford rent. Interviewees noted that the lack of affordable housing has driven some families to share homes to save money, resulting in overcrowded living conditions. Many individuals are at-risk for homelessness because of the rising cost of rent, health care costs and unexpected job loss (particularly during the COVID-19 pandemic). While people experience homelessness across the county, the majority of people experiencing homelessness are located in the east region of the county, specifically the city of San Bernardino.

**3. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below the poverty line and are more likely to be healthier than people with unstable employment. Furthermore, individuals who do not have enough resources to meet basic needs such as safe housing and sufficient food are more likely to experience toxic stress and increased mortality. In the Fontana service area, income and

employment emerged as an area of high need with worse ratings compared to both state and national averages. For example, the Fontana service areas has an unemployment rate of 18 percent compared to the Ontario service area rate (16 percent) and state rate (13 percent). There are racial disparities in income. Both the Fontana and Ontario service areas have a high population of residents who are Black, Indigenous or People of Color and of those residents, Latino/a individuals are the least likely to earn a living wage. In addition to the service areas' unemployment rates, commuting to work may also impose a barrier to employment. Key informant interviewees noted that employment and sustainable wages are a challenge within the county. When residents are underemployed, they have issues with paying for housing, food, and transportation. Within the county, the median household income varies. The median household income in the Ontario service areas is \$81,682, compared to \$62,855 in the Fontana service area and \$82,053 in the state.

**4. Education:** Education supports the upward social mobility of the community by providing access to more resources and better paying jobs. There is a well-documented correlation between higher levels of education and better health. However, for some communities, access to, and support for education has been challenging, leading to long term health negative effects. Both the Fontana and Ontario service areas fall below the state average (51 percent) for preschool enrollment. In the Fontana service area, 36 percent of children were enrolled in preschool compared to 48 percent in the Ontario service area. Furthermore, adults in the Fontana and Ontario service areas are less likely to earn a high school diploma than the adults statewide. The statewide average of adults without a high school diploma is 18 percent compared to 22 percent in the Fontana service area and 18 percent in the Ontario service area. There are also geographic disparities related to education. The Central region of the county has the highest rate of adults without a high school diploma (26 percent) while the West region has the highest percentage of preschool enrollment at 47 percent. School closures and the shift to online learning in response to COVID-19 exacerbated existing educational disparities. Interviewees discussed the salience of the “digital divide” during this time, where students living in the most rural areas of the county struggled to have reliable internet access which impacted their ability to pursue educational goals when learning moved online during the pandemic.

**5. Mental & behavioral Health:** Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Bernardino County rates for mental and behavioral health are comparable to the state and national averages. For example, indicators such as the number of deaths of despair for Fontana (34.2 per 100,000) and Ontario (33.2 per 100,000) are similar to the state average of 34.4 per 100,000. However, other indicators of mental and behavioral health suggest relatively higher levels of need. For example, the Fontana service area reports more poor mental health days compared to the Ontario service area. Similarly, both service areas report more poor mental health days compared to the state and national benchmarks. Key informants contextualized these findings suggesting that COVID-19 had an extreme impact on well-being. For youth, mental health issues were exacerbated by the pandemic as a result of school closures, social distancing measures and extended periods of distance learning. Furthermore, geographic disparities highlight that there was limited access to mental health services in more rural areas such as the Mountains and High Desert.

**6. Food insecurity:** Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Bernardino County, 11 percent of the population and 15 percent of children are food insecure (Feeding America, 2019). Furthermore, 21 percent of residents in the Fontana service area have low access to grocery stores compared to 19 percent in the Ontario service area and 12 percent in the state. Key informants added that San Bernardino County is home to a large number of fast-food chains making it easier to purchase fast food than food from the grocery store for some residents. In addition, an increase in food prices made it harder for people to afford food which further contributed to food security challenges. Data support this statement, as there has been a well-established connection between food security and rates of obesity such that low access to food leads to a greater consumption of non-nutritious foods, obesity, and chronic health conditions for low income communities. For many school districts in San Bernardino County, more than 40 percent of students are overweight or obese. According to San Bernardino County Community Indicators, in 2019, an average of 43 percent of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 38 percent statewide. This is an increase from 2018, when 41 percent of students in San Bernardino County were considered overweight or obese. Finally, the pandemic stay at home order also lead to children and youth sitting for long periods of time in front of the computer and less active time outside.

### Health need profiles

Detailed descriptions of the significant health needs in the Fontana and Ontario service areas follow.

# Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

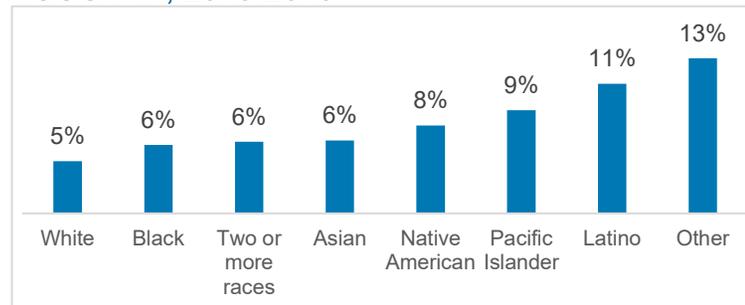
Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Access to Care is a moderate health need in the Fontana and Ontario service areas of San Bernardino County. The Fontana service area has a lower rate of primary care physicians per 100,000 population (57.5 per 100,000) compared to the Ontario service area (60.7 per 100,000) and state (79.8 per 100,000). Both the Fontana and Ontario service areas have a higher infant death rate (5.7 and 5.4 per 1,000 births) compared to the State average (4.0 per 1,000 births). Key informant interviews described access to care as a critical health need often interrelated to other health needs such as housing/homelessness, economic security, and transportation, especially for rural areas of the county. Furthermore, access to care challenges are compounded by limited staffing, long wait times, and lack of culturally competent services.

## Racial and ethnic disparities

Across San Bernardino County, racial disparities exist in access to care. Race Counts data show that Latino/a, Pacific Islander and Native American communities have the highest rates of uninsured individuals. Furthermore, the Black community has the highest number of preventable hospitalizations per 100,000 (843 per 100,000) population and received the least help for mental or substance use issues compared to all other races. Key informant interviewees add context to these findings by explaining that some communities avoid accessing care due to immigration status or overall mistrust in the health care system. For example, the undocumented population may not trust the health care system due to fears of deportation and that is what is keeping them from accessing care. Furthermore, the lack of cultural competency and language support in the healthcare system may contribute to the racial disparities in accessing care.

## UNINSURED PEOPLE, SAN BERNARDINO COUNTY, 2015-2019



Source: [Race Counts, 2022](#)

And then of course, there's our undocumented folks. The fearmongering and the horrible fear that they've had to live under for so long, it's difficult to just flip a switch. And say, okay, we have a new administration now. Everything's okay. I can go back and get care.

-Public health leader

**Geographic disparities**

Key informant interviewees regularly addressed the size of the county as a factor impacting access to care especially for rural residents in the high desert or eastern San Bernardino County. Furthermore, the geography of San Bernardino County imposes a barrier because some areas are outside of a geographic parameter or coverage for a particular area. As a result, those who are on Medi-Cal and in need of care must go to the hospital for needs ranging from vaccines for children to treating people with severe mental illness instead of a nearby doctor. Lastly, those residing in the most rural areas have more limited access to care because there are less clinics and providers in rural areas. Strategies suggested to improve access to care include the use of mobile clinics in local schools or hubs and connections with community organizations (e.g., churches). Regional data show that the percent uninsured is considerably higher in the central region than in other regions.

**Impact of COVID-19**

The onset of COVID-19 also introduced unique challenges in accessing care in San Bernardino County. The “digital divide” has highlighted the disparity between those who have access to technology and those who don't. For those with no to little access to technology, there was a decline in people seeking care during the pandemic simply because they did not possess the resources (e.g., broadband internet access) to access it. However, for those who do have access to technology, telehealth has been a successful alternative to seeking care during the pandemic.

**Additional factors impact access to care**

Other social and economic factors also impact access to care. Key informant interviewees reported that it is often difficult to find someone to watch their children while traveling to the doctor. Furthermore, the time it takes to access care can be long and cannot support the urgency of a health-related crisis or support preventative care. Similarly, it is difficult to access emergency care as facilities are at max capacity given the growth in the population of the county.

**UNINSURED BY REGION**

Percent uninsured is considerably higher in the central region than in other regions. Uninsured children is similar across each market region (10% - 15%) but worse than the state average (3.2%).

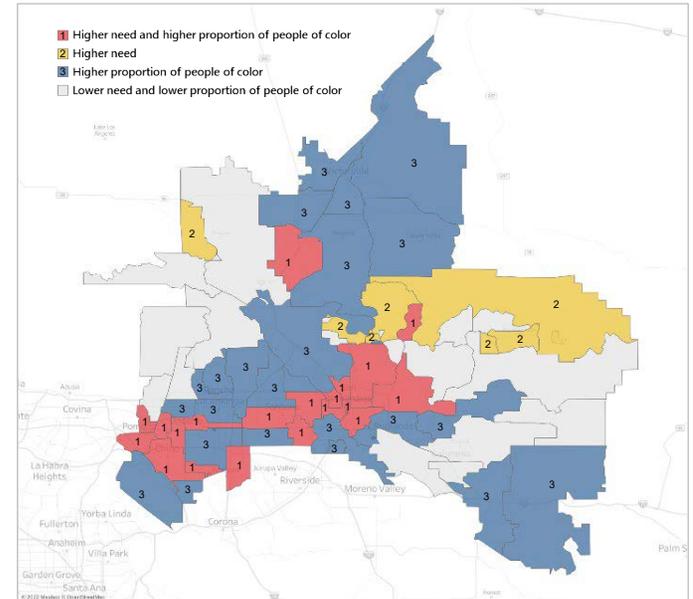
	Central			High desert		East		West	
	AVG State	AVG Central	Central compared to State	AVG High desert	High desert compared to State	AVG East	East compared to State	AVG West	West compared to State
Percent uninsured	7.5%	9.7%	<b>29%</b>	7.4%	N/A	7.8%	<b>4%</b>	7.3%	N/A
Uninsured children	3.2%	3.7%	<b>15%</b>	3.6%	<b>13%</b>	3.6%	<b>13%</b>	3.5%	<b>10%</b>

\*Items highlighted in orange indicate % worse than benchmark (State average).

Source: [Kaiser Permanente Community Health Data Platform](#)

**PERCENT UNINSURED, SAN BERNARDINO, 2015-2019**

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as of people of color and the highest percent uninsured in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Housing

Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

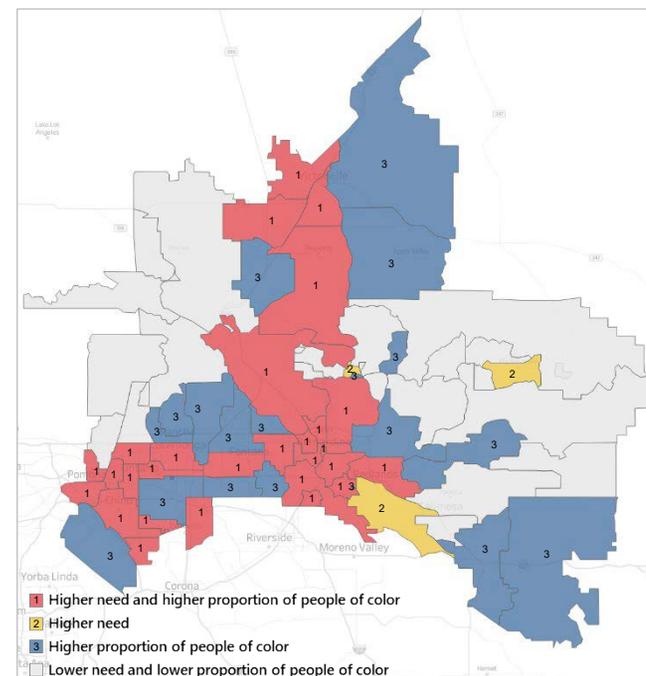
Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest real estate costs in the country, and although San Bernardino County fares better than some of its neighboring counties, housing in the Fontana and Ontario service areas has become prohibitively expensive, especially for communities of color and households with low incomes.

- There is a marked shortage of affordable housing countywide, creating a shortfall of nearly 60,000 homes for low-income renters. Renters need to earn 2 times the minimum wage to afford the average asking rent.
- Among households with extremely low income, 79 percent experience severe housing burden, meaning they spend more than 50 percent of their monthly income on housing. This leaves less money for healthy food, health care and enrichment activities for children.
- Within San Bernardino County 69 percent of households can afford an entry-level single-family home.

## HOME OWNERSHIP RATE, FONTANA AND ONTARIO SERVICE AREAS, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as **of people of color** and the **lowest home ownership rates**.



Source: [Kaiser Permanente Community Health Data Platform](#)

Community representatives believe housing challenges will continue to worsen due to job losses brought on by COVID-19 and the proliferation of warehouses being built in the service area. These jobs are driving more families to the county in search of both jobs and housing. Interviewees noted how lack of affordable housing has led to more families living in shared housing. Other residents have moved further away from central San Bernardino County where housing is more affordable. However, these situations also lead to increased family stress due to overcrowded housing and/or longer commute times to work. Interviewees noted the lack of resources available in the county to address housing and homelessness issues.

According to the 2022 San Bernardino County Continuum of Care Homeless Count and Survey Final Report, the County of San Bernardino, like many other counties, has a substantial number of households that are at risk of becoming homeless. Data from the report and highlight that:

- 14 percent or nearly 100,000 households consisting of about 300,000 residents in San Bernardino County were living below poverty level.
- Nearly 1 of every 5 residents in San Bernardino County were members of a household whose annual income was less than \$25,000 (2020 American Community Survey).
- There were approximately 65,000 households consisting of approximately 200,000 persons whose annual income was less than \$15,000 a year (2020 American Community Survey).

In 2022, 3,333 persons were experiencing homelessness during the last 10 days of February 2022. More than three-fourths or 2,640 of the 3,333 homeless adults and children were counted within seven cities that include Barstow, Colton, Fontana, Ontario, Redlands, San Bernardino, and Victorville. More than one-fourth of adults became homeless for the first time during the 12 months preceding the 2022 count.

Individuals and families are at risk of experiencing homelessness because of social structural issues such as increases in rent, loss of job, and rising health care costs. In addition, personal experiences such as incarceration, domestic violence, physical disabilities, mental illness, and substance abuse can cause individuals or families to experience homelessness.

When you go south in Fontana, you have a lot lower social economic status. You have a lot of warehouses being built in Fontana, in the Southern area of the city. So you have a lot of houses and neighborhoods being demolished and made way for warehouses. So you have families that are now, moving in with each other, or trying to find new housing. You have the environmental impact of all the semi-trucks now down there.

– School district representative

### HOUSING DATA BY REGION

The moderate housing cost burden percent is worse in every region compared to the state average. Overcrowded housing in the central region is 43 percent worse than the state average.

	Central			High desert		East		West	
	AVG State	AVG Central	Central compared to State	AVG High desert	High desert compared to State	AVG East	East compared to State	AVG West	West compared to State
Moderate housing cost burden	21.4%	24.3%	14%	22.5%	5%	21.9%	2%	24.0%	12%
Overcrowded housing	8.2%	11.7%	43%	5.2%	36%	7.4%	9%	7.6%	7%
Number of persons experiencing homelessness**		167		674		1,977		393	

\*Items highlighted in orange indicate % worse than benchmark (State average).

\*\*122 individuals experiencing homelessness were included in the total count and reside outside of the Ontario and Fontana service areas.

Source: [Kaiser Permanente Community Health Data Platform](#) and [San Bernardino County 2022 Homeless Point in Time Count](#)

# Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, Black, Latino/a, and American Indians have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Within the Southern California Region, income and employment is generally a moderate need with few indicators scoring more than 20 percent worse than the national benchmarks. The Fontana and Ontario service areas vary in their community needs for income and employment. Though income and employment are a low need in the Ontario service area, it is a high need in the Fontana service area with five indicators scoring more than 20 percent worse than the state benchmark. For example, 23 percent of children are living in poverty in Fontana, which is greater than the Ontario and state rates. More specifically, 31 percent of children in the central submarket are living in poverty.

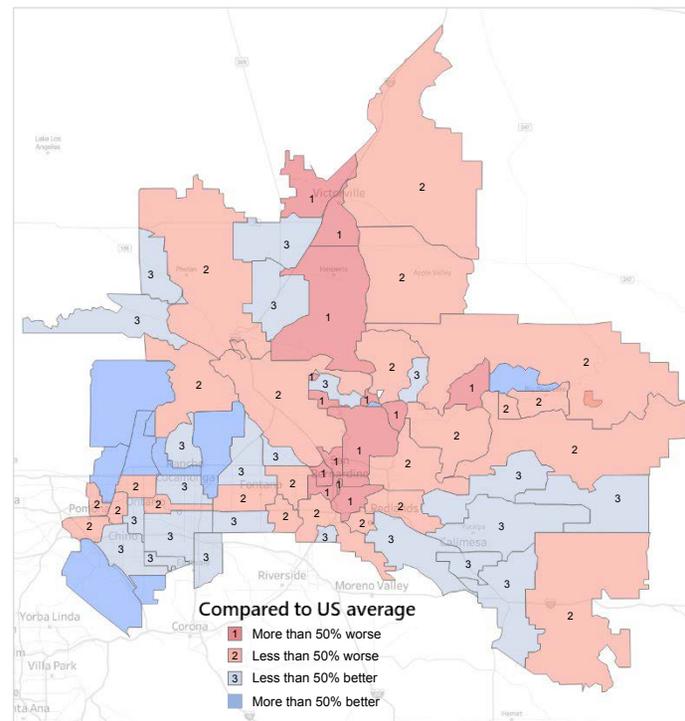
Similarly, Fontana’s unemployment rate is 18 percent, which also exceeds Ontario (16 percent) and the state (13 percent) rates. However, both service areas have a higher rate of free and reduced lunch (62 percent in Fontana and 49 percent in Ontario) than the state (36 percent) and national (36 percent) rates.

## Barriers to income and employment

Key informant interviewees noted that employment and sustainable wages are a challenge within the county. When residents are underemployed, they struggle to pay for housing, food, and transportation. Within the county, the median household income varies. The median household income in the Ontario service areas is \$81,682, compared to \$62,855 in the Fontana service area and \$82,053 in the state.

## POVERTY RATE, FONTANA AND ONTARIO SERVICE AREAS, 2015-2019

Areas shaded red are ZIP codes with poverty rates more than 50 percent worse than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

**Ethnic and geographic disparities**

Both Fontana and Ontario service areas have over 70 percent of residents that identify as Black, Indigenous and people of color. Over half of the residents in both service areas identify as Latino/a (57 percent in Fontana and 56 percent in Ontario). Within San Bernadino County, Latino/a residents are least likely to earn a living wage which is defined as people ages 18-64 who are in the labor force and who earn \$15 or more per hour (55 percent) compared to other racial/ethnic groups. Meanwhile, Asians (65 percent) and white (62 percent) are the racial/ethnic groups with the highest proportion of people earning a living wage (Racecounts.org, 2022).

Some key informants noticed the racial and ethnic disparity within the service area. In the High Desert, immigrants and Black residents earn less wages than in other communities.

Key informant interviews regularly addressed the size of the county as a factor impacting access to employment opportunities particularly for rural areas such as the high desert or eastern San Bernardino. For example, the high desert has the highest unemployment rate at 19 percent compared to 15 percent statewide and 15 percent in west San Bernardino.

**Impact of COVID-19**

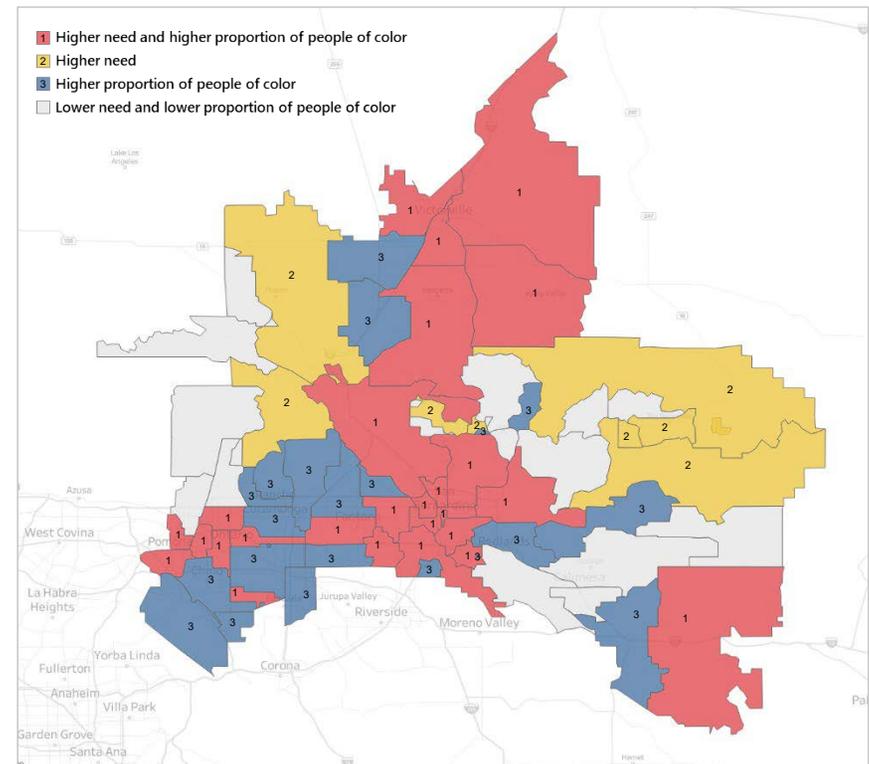
Key informants shared that due to the COVID-19 pandemic, some residents are afraid to return to work at the hospitals, so the hospitals are short staffed. One key informant noticed that people are making more money at home or can make more money working in another industry noting that there are a variety of issues as to why it's happening, but it is a real challenge for the health care sector.

Employment continues to be a challenge especially employment that provides a sustainable wage.

–Secondary education representative

**UNEMPLOYMENT RATE, FONTANA AND ONTARIO SERVICE AREAS, 2015-2019**

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as of people of color and an unemployment rate greater than 16 percent.



Source: [Kaiser Permanente Community Health Data Platform](#)

Our county is divided into five districts. Obviously when we spoke to community members in a high desert, more of their issues had to do with underemployment, again, tied to economics.

– Public health leader

# Health need profile: Education

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

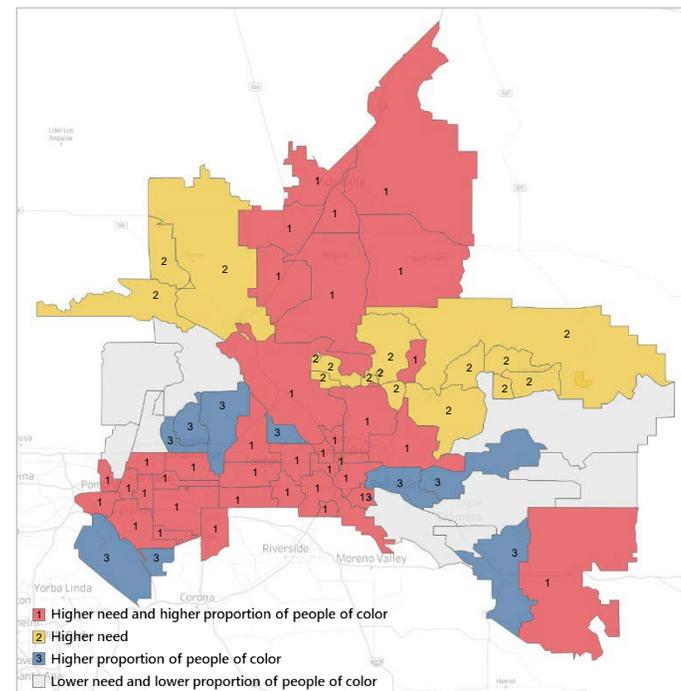
Within the Southern California Region, education is generally a moderate need. The Fontana and Ontario service areas vary in their community needs for education. Though education is a moderate need in the Ontario service area with one indicator scoring 20 percent worse than the state benchmark, it is a high need in the Fontana service area with three indicators scoring more than 20 percent worse than the state benchmark. For example, 36 percent of children are enrolled in preschool in Fontana, which is less than Ontario (48 percent) and state rate (51 percent). Similarly, Fontana's elementary school proficiency index is 31.5, which is also less than Ontario (48.1) and the national (51.1) rates. However, both service areas had a higher rate of adults with no high school diploma (22 percent in Fontana and 18 percent in Ontario) than the state (18 percent) rate.

### Race and ethnic disparities

Both Fontana and Ontario service areas have over 70 percent of residents that identify as Black, Indigenous or persons of color. Within San Bernadino County, according to the California Department of Education (2018-2019), Filipino (97 percent) and Asian (94 percent) students have the highest rates of high school graduation within four years, while Native Americans (76 percent) and Black (78 percent) students have the lowest.

### ELEMENTARY SCHOOL PROFICIENCY INDEX FONTANA AND ONTARIO SERVICE AREAS, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as of people of color and the lowest elementary school proficiency index in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

**Access to higher education**

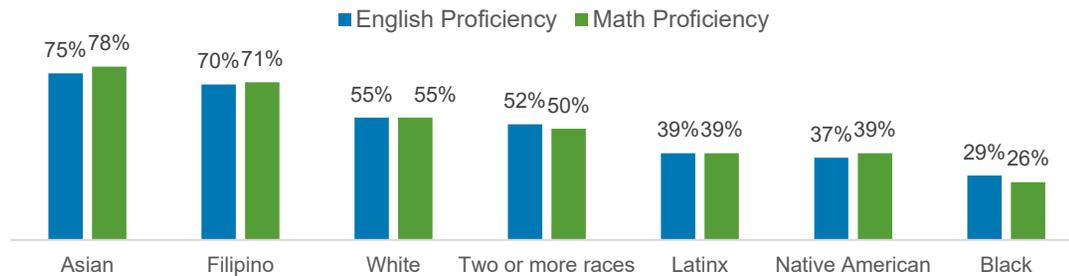
Key informants noted that there is only one affordable higher education institution in the County, California State University, San Bernardino (tuition: \$6,952). University of Redlands (tuition: \$54,066) and Loma Linda University are (tuition: \$31,684) also located in San Bernardino County, however they are private undergraduate institutions with high tuition.

**Geographic disparities**

Across San Bernardino County, there are regional differences for several education indicators. The central region has the highest rate of adults with no high school diploma (26 percent), followed by the east (17 percent), west (17 percent), and high desert (15 percent). The west region has the highest preschool enrollment (47 percent) followed by central (40 percent), east (37 percent) and high desert (30 percent).

**THIRD GRADE ENGLISH AND MATH PROFICIENCY BY RACE/ETHNICITY WITHIN SAN BERNADINO, 2018-2019**

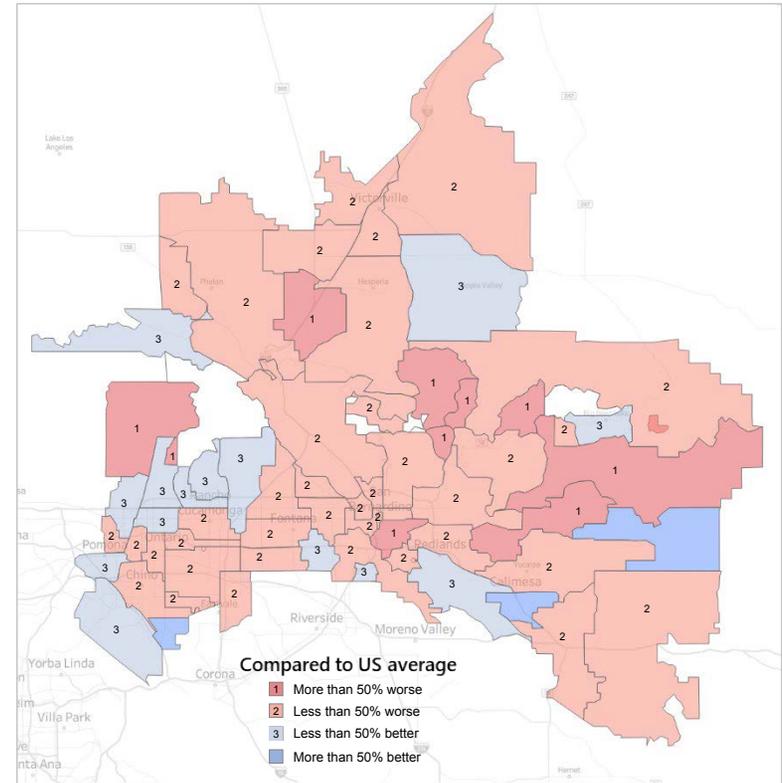
The chart below shows the percentage of third graders that scored proficient or better in English and mathematics. For both subjects, 70% or more of Asian and Filipino students scored proficiency, while less than 40% of Black and Latino/a students reached proficiency.



Source: [CALIFORNIA ASSESSMENT OF STUDENT PERFORMANCE AND PROGRESS \(2018-2019\)](#)

**PRESCHOOL ENROLLMENT, FONTANTA AND ONTARIO SERVICE AREAS, 2015-2019**

Areas shaded red (1) are ZIP codes with preschool enrollment more than 50% worse than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

We do have a wonderful community college, and I think we've done great things with career technical education programs, but in terms of really moving the economy forward, a lot of the jobs that we do have here are low wages.

–Secondary education representative

# Health profile: Mental & behavioral Health



Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

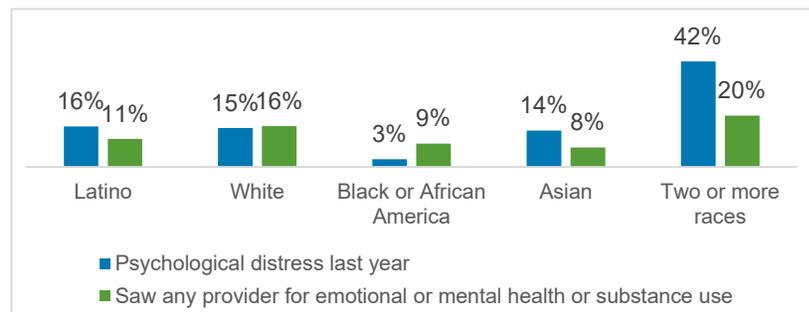
Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indians/Alaska Natives, and the unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Across most measures, mental and behavioral health has a low health need ranking in both the Fontana and Ontario service areas, mostly because indicators are similar or better than state and national benchmarks. Both the Fontana and Ontario service areas have a similar age adjusted rate of deaths of despair (death due to suicide, alcohol related disease, and drug over doses) per 100,000 (34.2 and 33.2 per 100,000 respectively) compared to California as a whole (34.3 per 100,000). Fontana service area residents report 3.9 poor mental health days per month, compared to 3.8 days in the Ontario service area, 3.7 days across California, and 4 days nationwide. Additionally, both the Fontana and Ontario service areas have a lower rate of mental health providers per 100,000 population (225.3 and 246.8 per 100,000 respectively) than California (352.3 per 100,000). In San Bernardino County, the rate of deaths by suicide is 9.8 per 100,000 compared to the state rate of 10.5 per 100,000.

Although San Bernardino County mental health data are comparable to or better than the state, at the national level, racial and ethnic differences in rates of suicidal ideation, suicide attempts, and suicide deaths exist. According to the Suicide Prevention Resource Center, American Indian/Alaska Native adults are at highest risk for past-year suicide-related thoughts, followed by Latino/a and white adults equally. For past-year suicide attempts, Black adults are at the highest risk, followed by Latino/a then white and American Indian/Alaska Native adults equally. Racial and ethnic groups differ in their access to culturally appropriate behavioral health treatment, experiences of discrimination and historical trauma, and other factors that may be related to suicide risk (Suicide Prevention Resource Center, 2010-2019). According to the San Bernardino Community Vital Signs Report (2020), there were approximately 23,000 low-income residents in need of mental health services in 2017/18 who did not get care.

## PSYCHOLOGICAL DISTRESS, San Bernardino County, 2020



Source: [California Health Interview Survey, 2020](#)

Key Informant Interviewees noted the extreme impact that the COVID-19 pandemic has had on mental and behavioral health across San Bernardino County. Many interviewees discussed the pronounced impact on youth due to isolation during the pandemic. Some providers noted increases in calls or outreach from clients looking for mental and behavioral health resources. Key informants also noted that mental health services may be limited in certain areas such as the mountains or high desert. In addition, youth in the west end shared mental health issues related to depression, anxiety, and suicide while those in the high desert discuss challenges with violence and crime that impact their mental health.

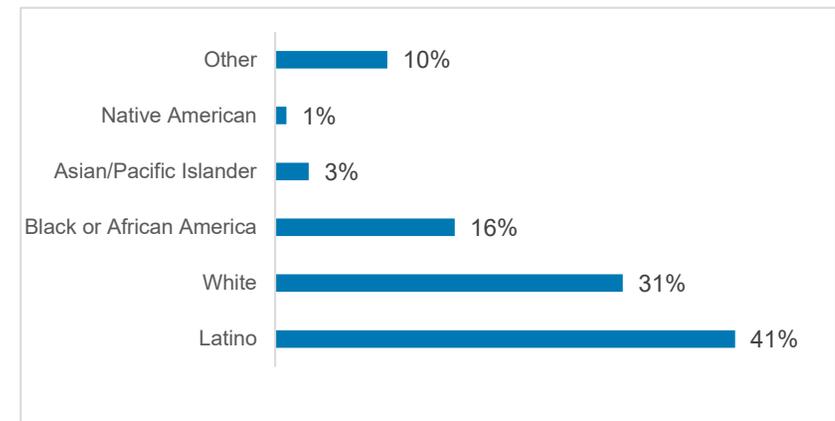
Key informant interviewees also noted the connection between mental and behavioral health and substance use. Like many areas, the opioid epidemic has hit San Bernardino County hard. Similar to other issues, geographically there are differences in access to and use of substances. In some more affluent areas, youth may have more access to drugs and alcohol.

We have seen a high amount of depression and anxiety in our teenagers. A lot of trauma, and grief, especially in our younger ones. We've had a lot of families lose somebody to COVID. So we've had more grief referrals this year than we've ever had. We've also had a lot more suicide screeners happening between our counselors, between myself and my partner. We're almost at the numbers we were pre COVID and we're only four months into the school year. So, we're almost to that mark, and we still have, four more, five more months of school to go.

– Secondary education representative

### Mental Health Treatment for Children by Race/Ethnicity (2020)

The chart below shows that the majority of children treated for a mental illness (2017-2018) were Latino/a or white.



Source: San Bernardino County Community Vital Signs Report, 2020

The youth on the west side expressed that, for them, it had to do with mental illness, suicide, depression, anxiety. Whereas the students up in the high desert expressed things more related to physical violence, sexual assault. So, it was interesting. High desert had to do more with crime and violence, whereas on the West End it had to do more with anxiety, mental wellness, mental health, depression, pressure. So, that's interesting as well. Geographically, how students have different type of issues.

– Public health leader

# Health need profile: Food insecurity



Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program (SNAP) benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

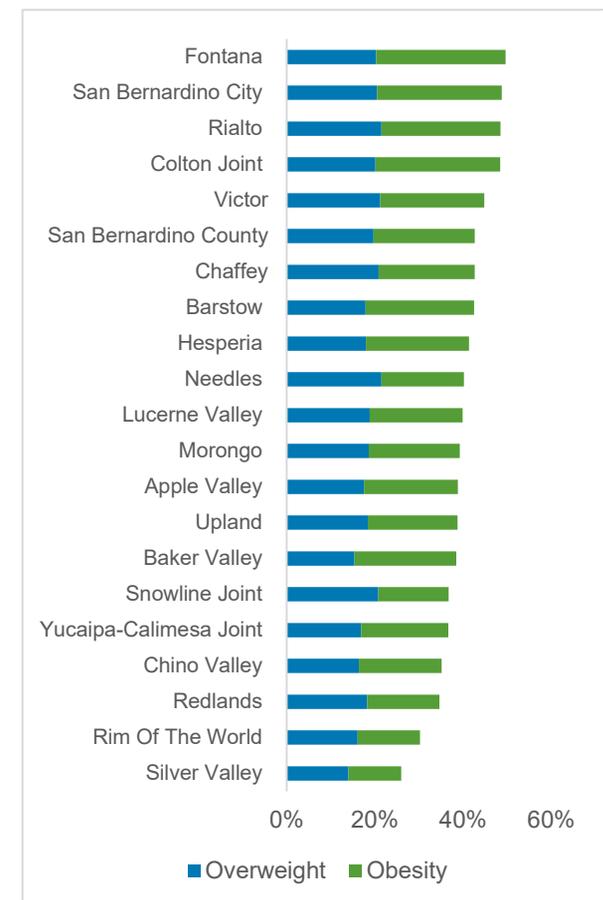
Food insecurity is an important issue in San Bernardino County, where overall 11 percent of the population is food insecure. Given the vast geography of San Bernardino County, there are both racial and geographic disparities in access to food. In the Fontana Service Area, 17 percent of residents are enrolled in SNAP compared to 9 percent in the Ontario service area and 11 percent in the state. A higher SNAP enrollment rate is an indicator that there is higher food insecurity within that area.

In addition, throughout the Fontana Service Area, 21 percent of residents have low access to grocery stores compared to 19 percent in the Ontario Service Area and 12 percent in the state. A sedentary lifestyle and obesity are risk factors for many health problems and premature death. Since overweight children are more likely to become overweight or obese adults, maintaining a healthy body weight in youth may have positive impacts on physical and mental health, as well as reduce downstream health care costs. For many school districts in San Bernardino County, more than 40 percent of students are overweight or obese. According to San Bernardino County Community Indicators, in 2019, an average of 43 percent of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 40 percent statewide. This is an increase from 2018, when 41 percent of students in San Bernardino County were considered overweight or obese.

During the 2-year pandemic, school age children and adolescents had no choice but to stay home for online school, increasing physical inactivity and sedentary habits. During this time many people gained weight.

## CHILDHOOD OVERWEIGHT AND OBESITY BY SCHOOL DISTRICT, 2019

Percent of population who is obese by race/ethnicity



Source: [San Bernardino County Community Indicators](#)

Geographic and racial disparities also exist across San Bernardino County. When looking at adult obesity, a higher percentage of Black and Latino/a residents are obese compared to white and Asian residents.

Food security was also impacted by the COVID-19 pandemic because of job loss and other financial stressors. Interviewees noted the financial stressors were especially pronounced in high desert communities and other communities that are identified as food deserts. Specifically, the high desert has 19 census tracts that are high poverty, low access food deserts, where at least 33 percent of the population resides more than one mile from a supermarket or grocery stores within urban areas or 10 miles in rural areas (Food Security and Obesity, 2017). According to the Ground Truth project the pandemic reemphasized the presence of so-called food deserts among communities of color.

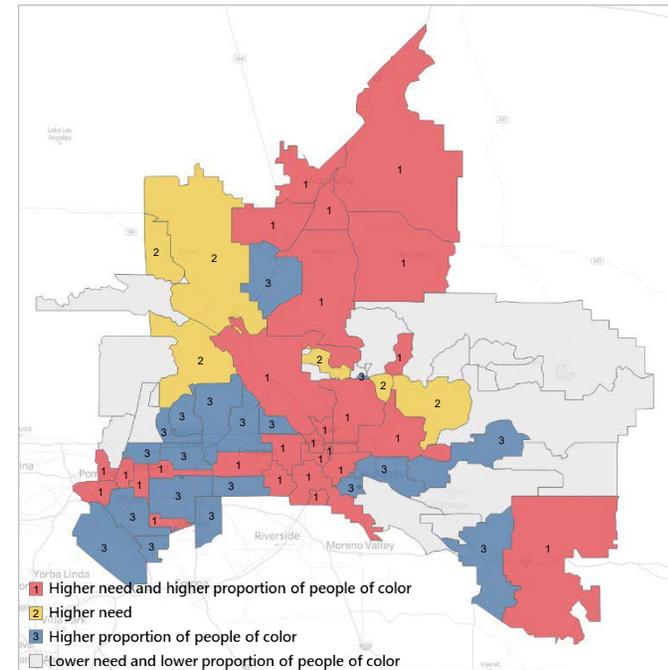
According to Feeding America, 15 percent of children in San Bernardino County are food insecure. Of those, 28 percent are likely ineligible for federal nutrition programs.

I don't want to leave out the number one reason we get calls for food insecurity - that would be an access to food, let alone quality food. Just food period is a big problem in our county, especially in the urban areas like the city of San Bernardino, but also in the outskirts. So we're talking about High Desert Victorville, those far reaching communities. Access to food has been our number one reason people are calling, followed by housing issues.

– Rental assistance representative

### SNAP ENROLLMENT, FONTANA AND ONTARIO SERVICE AREAS, 2015-2019

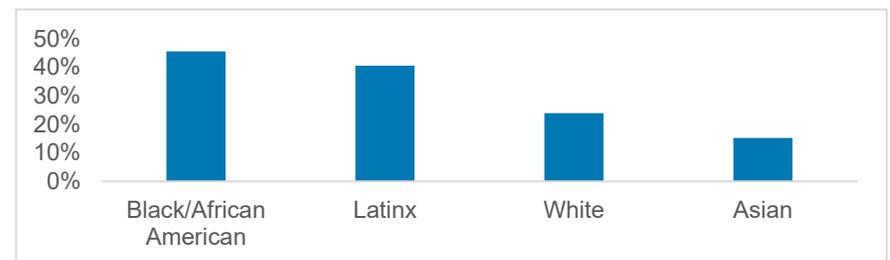
Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as of people of color and the highest SNAP enrollment in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

### ADULT OBESITY RATE, FONTANA AND ONTARIO SERVICE AREAS, 2017

Percent of population who is obese by race/ethnicity



Source: [Food Security and Obesity in San Bernardino County, 2017](#)

### Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Fontana and Ontario service areas include community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

## Kaiser Permanente Fontana and Ontario medical centers 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Fontana and Ontario medical centers' 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

### Kaiser Permanente Fontana and Ontario medical centers 2019 Implementation Strategy priority health needs

1. Access to Care
2. Mental and Behavioral Health
3. Economic Opportunity

### 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Fontana and Ontario medical centers Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Fontana and Ontario medical centers address community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 34 grants totaling \$1,634,549 in the Fontana service area and 34 grants totaling \$1,604,548 in the Ontario service area in service of 2019 IS health.

One example of a key accomplishment in response to our 2019 IS includes improving access and connection to mental health in community settings. Kaiser Permanente Ontario and Fontana Medical Centers awarded Family Assistance Program \$25, 000 to respond to the mental,

medical, and social basic needs faced by homeless and human trafficked youth ages 11-17 in the high desert, a very low income area of San Bernardino County.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. A response to this approach was awarding a \$100,000 grant to Community Action Partnership of San Bernardino County to operate a Deluxe Mobile Shower & Laundry Unit to serve as a source of essential hygiene and sanitation for individuals and families in highly concentrated areas of unhoused homeless (parks, homeless encampments, immobile vehicles, under bridges, and abandoned buildings not meant for human habitation). To complement outreach, education, support services, hygiene kits, undergarments, and socks were also distributed.

### Kaiser Permanente Fontana and Ontario medical centers 2019 IS priority health needs and strategies

#### Access to care

**Care and coverage:** Kaiser Permanente Fontana and Ontario medical centers ensure health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

Fontana Medical Center	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	53,634	59,136	\$39,807,891	\$13,319,345
Charitable Health Coverage	38	36	\$2,802	\$3,088
Medical Financial Assistance	16,694	11,605	\$16,641,118	\$9,794,489
<b>Total care &amp; coverage</b>	<b>70,366</b>	<b>70,777</b>	<b>\$56,451,811</b>	<b>\$23,116,922</b>
Ontario Medical Center	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	21,544	23,696	\$13,954,753	\$4,809,575
Charitable Health Coverage	65	47	\$5,225	\$4,814
Medical Financial Assistance	6,567	5,340	\$2,817,036	\$1,401,868
<b>Total care &amp; coverage</b>	<b>28,176</b>	<b>29,083</b>	<b>\$16,777,014</b>	<b>\$6,216,257</b>

---

**Other access to care strategies:** During 2020-2021, 17 grants were awarded to community organizations, for a total investment of \$1,951,408 to address access to care in the Fontana service area.

During 2020-2021, 14 grants were awarded to community organizations, for a total investment of \$1,886,908 to address access to care in the Ontario service area.

---

*Examples and outcomes of most impactful other strategies*

---

**Capacity Building**

The Community Health Association Inland Southern Region has supported its network of 20 member clinics community-based health centers and clinics, representing 103 sites located throughout Riverside and San Bernardino Counties, to effectively deliver culturally appropriate quality healthcare to the medically indigent, underserved, uninsured and/or underinsured populations. Key services to support their mission include quality improvement initiatives, advocacy, access to care projects, and technical assistance. The Core Operating Capacity Program is expected to reach 200 people leaders, staff, and physicians by collaborating with community-based health center member organizations to strengthen the healthcare safety-net in San Bernardino and Riverside counties.

---

**CPCA Core Grant Proposal**

California Primary Care Association (CPCA) has supported the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

---

**Mental and behavioral health**

During 2020-2021, 32 grants were awarded to community organizations, for a total investment of \$765,179 to address mental and behavioral health in the Fontana service area.

During 2020-2021, 19 grants were awarded to community organizations, for a total investment of \$481,179 to address mental and behavioral health in the Ontario service area.

---

*Examples and outcomes of most impactful strategies*

---

**Child Behavioral Health Agenda**

Children Now was awarded \$300,000 over two years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California's workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the State to incorporate the evidence-based models to support the whole-child and educating policymakers on ways to transform workforce programs to benefit children.

---

**Mental Health Pipeline**

Reach Out was awarded \$300,000 over two years to conduct multi-pronged policy and systems work in its Inland Region Mental/Behavioral Health Pipeline Program in order to address the dangerous shortage in the mental/behavioral health workforce, increase access to care for the Inland Region's communities, and decrease the stigma associated with receiving treatment for behavioral/mental health. The program is expected to reach 536 youth with a special emphasis will be placed on reaching socio-economically disadvantaged people of color, as well as geographic gap areas.

---

**Homeless Youth Shelter**

Family Assistance Program was awarded \$25,000 to expand Youth Shelter housing and services to Victorville, an extremely underserved area in San Bernardino County. The program is expected to reach 500 youth through care coordination including: food, hygiene, health assessments, case management, counseling, enrollment in school/college, employment coaching, and transportation, with the goal of reuniting with family or securing independent housing.

---

---

## Economic opportunity

During 2020-2021, 47 grants were awarded to community organizations, for a total investment of \$909,729 to address economic opportunity in the Fontana service area.

During 2020-2021, 25 grants were awarded to community organizations, for a total investment of \$397,986 to address economic opportunity in the Ontario service area

---

### *Examples and outcomes of most impactful strategies*

---

#### [211 Careers - Employment Opportunities for Severely Under-Resourced Women](#)

Inland Empire United Way was awarded \$25,000 to expand the 211 Careers program to include a specialized hard-to-reach population of severely under-resourced women at imminent risk of homelessness due to unemployment or underemployment. The program is expected to serve 30 women in most underserved areas in San Bernardino, Rialto, Victorville, Hesperia, Colton, and Fontana. The program will improve employment opportunities through job procurement/development in partnership with employers; increase direct hiring from under-resourced communities into living wage jobs with health insurance benefits; provide workforce training via job readiness workshops, resume/interview coaching, and guidance into certification programs (e.g., Certified Nurse Assistant); and individually support job attainment before, and job retention beyond, the hire date via continuous monitoring and resolution of barriers such as homelessness, transportation, and other socioeconomic disparities upstream from health outcomes.

---

#### [California Housing Services & Operating Subsidy Fund for Project Homekey](#)

The California Housing Service & Operating Subsidy Fund for Project Homekey has established a Fund to support operating costs and wraparound service supports for up to 1,000 new state-acquired housing units, meeting a critical need of permanent housing for people experiencing homelessness across the state. This public-private partnership, will support additional needed operational and supportive services to build a pathway to safe, affordable, and sustainable housing for California's most vulnerable.

---

#### [Inner City Capital Connections Program in NCAL and SCAL Regions 2021](#)

Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

---

## Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

### Additional secondary data sources

<b>Source</b>	<b>Dates</b>
1. San Bernardino County Community Vital Signs Community Health Status Report	2020
2. Race Counts	2017
3. Community Health Interview Survey	2020
4. U.S. Census	2019-2020
5. California Department of Education, California Assessment of Student Performance and Progress	2018-2019
6. San Bernardino County Point in Time Report	2019
7. Suicide Prevention Resource Center	2010-2019
8. Food Security and Obesity in San Bernardino County Report	2017
9. The Ground Truth Project	2021
10. Feeding America San Bernardino	2019
11. California Department of Education Physical Fitness Test	2019
12. 2022 San Bernadino County Continuum of Care Homeless Count and Survey Final Report	2022

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Hesperia Unified School District, Student Services	1	Education, access to care, mental and behavioral health	Leader	8/10/2021
2	Group interview	All County Homeless Service Provider Network	4	Housing and homeless	Leaders	8/12/2021
3	Key Informant Interview	Community Health Association Inland Southern Region	1	Access to Care, Safety Net, Mental Health	Leader	8/18/2021
4	Key Informant Interview	Inland SoCal United Way	1	Basic Social Needs, Food Insecurity, Homelessness,	Leader	8/20/2021
5	Key Informant Interview	SAC Health Systems	1	Access to care	Leader	8/26/2021
6	Key Informant Interview	San Bernardino County Behavioral Health Department	1	Access to care, mental and behavioral health,	Leader	8/31/2021
7	Key Informant Interview	Inland Empire Health Plan	1	Access to Care, Mental Health, Housing, Homelessness	Leader	9/1/2021
8	Key Informant Interview	Ontario-Montclair Unified School District	1	Education, access to care	Leader	9/20/2021
9	Key Informant Interview	San Bernardino County Public Health Department	2	Access to care	Leaders	10/7/2021
10	Key Informant Interview	Fontana Unified School District, Student Services	1	Education, access to care	Leader	10/25/2021
11	Key Informant Interview	San Bernardino County Economic Development	2	Economic opportunity	Leaders	10/26/2021

### Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Department of Public Health Administration	Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County.
Access to care	Community Health Association Inland Southern Region	Leads and supports a network of 20-member community-based health centers and clinics representing 103 clinic sites located throughout Riverside and San Bernardino Counties, to effectively deliver culturally appropriate quality healthcare to the medically indigent, underserved, uninsured and/or underinsured populations. Key services to support their mission include quality improvement initiatives, advocacy, access to care projects, and technical assistance.
	SAC Health Systems (SACHS)	SACHS is a specialty-based Federally Qualified Health Center providing primary care, family medicine, pediatrics, behavioral health, dental services , etc. to Medi-Cal, low-income, uninsured, underinsured across nine location sites, includes a School-Based clinic in Rialto and a Mobile Health/Dental Clinic. SACHS is also a teaching health center providing over 900+ medical residents and students from Loma Linda University a unique opportunity to serve the most vulnerable population which will allow them to continue to be leaders in our community.
	Community Health Systems (CHSI)	CHSI is a Federally Qualified Health Center (FQHC) operating six community health centers across three counties, including San Bernardino County with a clinic located in Bloomington. CHSI focuses on providing high quality and compassionate medical, dental, women’s health, behavioral health, and vision care services to those who are under-served, uninsured, or under-insured.
	Pomona Community Health Center	ParkTree Community Health Center is a Federally Qualified Health Center providing comprehensive, primary healthcare to adults and children living in the communities surrounding Pomona and Ontario.
	Lestonnac Free Clinic (LFC)	Provide free quality health care services to low-income and uninsured adults, through a network of volunteer physicians. LFC has broadened its reach of care by opening 26 satellite clinics, one located in San Bernardino.

Identified need	Resource provider name	Summary description
Homelessness and Housing	San Bernardino County, Office of Homeless Services	Leads the Interagency Council on Homelessness, serving as the administrative entity for the San Bernardino County Continuum of Care (CoC). The purpose is to develop a countywide public and private partnership and to coordinate services and resources to end homelessness in San Bernardino County.
	Homeless Service Provider Network (HPN)	Advocate for the homeless and those at-risk of becoming homeless residing in the County of San Bernardino. The HPN provides a forum and environment where collaborative public and private programs can work to improve the current delivery of services and fill identified gaps in services to homeless. The network is composed of five regional steering committees 1) Central Valley Region; 2) Desert Region; 3) East Valley Region; 4) Mountain Region; and 5) West Valley Region. Regional Steering Committee Co-Chairs also serve in the San Bernardino County Continuum of Care.
	Community Solutions	A non-profit organization working to achieve a lasting end to homelessness that leaves no one behind, through initiative Built for Zero, a movement and methodology of communities working to measurably end homelessness. Using data, communities have changed how local homeless response systems work and the impact they can achieve, a milestone known as functional zero-an ongoing state where homelessness is continuously rare and brief.

Identified need	Resource provider name	Summary description
Education	Kaiser Permanente	Kaiser Permanente’s Health Equity Scholars Program supports young leaders who have a demonstrated interest in pursuing a clinical (e.g., pharmacist, physician, practitioner, nurse) or non-clinical (e.g., accounting, business administration, human resources, marketing, public policy) career in the healthcare industry ( <a href="https://kp-health-equity-scholars.hsfts.net/scholarship">https://kp-health-equity-scholars.hsfts.net/scholarship</a> ).
	Kaiser Permanente	Kaiser Permanente’s Summer Youth Employment Program provides underserved or at-risk high school students with supportive and meaningful employment experiences in the health care field. Students attend educational sessions and motivational workshops that introduce them to the possibilities of pursuing a career in health care. Many former program participants are now employed at Kaiser Permanente as nurses, department administrators, lab technicians, opticians and engineers ( <a href="https://community.kp.org/about/program/summer-youth-employment-program">https://community.kp.org/about/program/summer-youth-employment-program</a> ).
	Kaiser Permanente	Kaiser Permanente’s Hippocrates Circle Program aims to increase the diversity of the incoming physician population by creating a pathway program to expose young, diverse, middle school students (7th and 8th graders) to physician careers. This program strengthens Kaiser Permanente’s linkages with the community by supporting broader educational experiences, thus, encouraging diverse students to pursue higher education in medicine. Students enrolled in the Hippocrates Circle Program will have several opportunities in their fellowship to interact with practicing physicians that may reflect their own personal experience and diverse background ( <a href="https://hippocratescircle.kaiserpermanente.org/">https://hippocratescircle.kaiserpermanente.org/</a> ).
	Ontario-Montclair Unified School District Foundation	The goal of the Promise Scholars Program is to increase economic security through educational attainment through a universal K-16 college enrollment pipeline pathway for disadvantaged students in Ontario and Montclair. The “Promise” is that students have a place in college waiting for them at partner colleges (Chaffey College, CSU San Bernardino, University of La Verne, Cal Poly Pomona, CSU Bakersfield, University of Redlands, and Azusa Pacific University).
	Pomona Unified School District	Pomona Health Career Ladder is a college pathway to attract students into professional careers in the health sciences (physicians, nurses, veterinarians, pharmacists, paramedics) in partnership with Western University of Health Sciences and Cal Poly Pomona.

Identified need	Resource provider name	Summary description
Income and Employment	Inland SoCal United Way	Under 2-1-1 San Bernardino County, “211 Careers Program” provides pre-assessment, individualized coaching, job search readiness training, resume development, guidance on how to obtain required training/certifications (e.g., Certified Nurse Assistant), job interviews, and job retention support to severely under-resourced women experiencing homelessness or at imminent risk of homelessness due to unemployment or underemployment.
	Inner City Capital Connections (ICCC)	ICCC is a tuition-free executive leadership training program to help business owners in under-resourced communities build capacity for sustainable growth and resiliency as well as survive the economic impact of the COVID-19 pandemic, prioritizing business recovery strategies, as well as focus on the tools needed for businesses to incorporate their strategic pivots into their long-term business plan and strategy ( <a href="https://icic.org/urban-business-initiatives/inner-city-capital-connections/">https://icic.org/urban-business-initiatives/inner-city-capital-connections/</a> ). This is a Kaiser Permanente community partner.
	Pacific Community Ventures (PCV)	PCV provide no cost advice and coaching (finance, marketing, sales, getting online, employee engagement, adding, benefits, challenges reopening safely for workers and customers) to small businesses. Advisors will work with businesses to solve business challenges ( <a href="https://www.pacificcommunityventures.org/">https://www.pacificcommunityventures.org/</a> ). This is a Kaiser Permanente community partner.
	Change Machine (CM)	CM builds financial security for low-income communities through people-powered technology, by providing support to community-based organizations to embed individual financial health tools and resources into their services delivered to community ( <a href="https://change-machine.org/">https://change-machine.org/</a> ). This is a Kaiser Permanente community partner.

Identified need	Resource provider name	Summary description
Mental/behavioral health	Kaiser Permanente	Kaiser Permanente's Thriving Schools provides tools, resources, and programs to support schools and districts in advancing their wellness and educational goals by incorporating health-related strategies in four dimensions (physical health, mental health, social-emotional, equity & access) of health. Schools play a central role in communities. not only do they provide vital settings for learning and development, but they also serve as community anchors for social interaction, emotional support, and access to food, physical activity, and health care ( <a href="https://thrivingschools.kaiserpermanente.org/mental-health/">https://thrivingschools.kaiserpermanente.org/mental-health/</a> ).
	Kaiser Permanente	Kaiser Permanente's Educational Theatre (ET) inspires children, teens and adults to make informed decisions about their health and build stronger communities. All programs are free to schools, topics include (emotional well-being, literacy promotion, bullying awareness, conflict management, healthy eating, etc.). ( <a href="https://etsoutherncalifornia.kaiserpermanente.org/">https://etsoutherncalifornia.kaiserpermanente.org/</a> ).
	Inland Health Professions Coalition	Reach Out leads the coalition, working with industry partners, educators, and community stakeholders to address the need for a highly skilled and culturally competent health workforce in the Inland Southern California region. The coalition launched the Mental and Behavioral Health Pipeline Program to address the shortage in the mental/behavioral health workforce.
Food Security	Community Action Partnership of San Bernardino County (CAP)	CAP is the food bank for San Bernardino County, operating various food programs (soup kitchen, food pantries, campus college student cupboard, and senior programs). CAP is also the USDA provider supporting over 30 food agencies.
	High Desert Food Collaborative	High Desert Second Chance leads the collaborative, a partnership of over 40 feeding agencies, organizations, churches, food pantries, etc. organized to provide food in the High Desert to mitigate food insecurity. Agency partners are either Food Distribution Hub providers or Feeding Agencies who receive food from the Collaborative. Several of the agencies are also USDA Distribution Sites. The collaborative is a coordinated joint approach to provide more food resources to food insecure neighbors and friends.